

**Exploring the teaching skills of the clinical nurse mentors of 4th year
undergraduate nursing students in critical care placements.**

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Abstract

This study looked at how Clinical Nursing Mentors (CNMs) in Bahrain are prepared to take on the role of teaching undergraduate nursing students (UNSS) in their 4th year through their critical care placement (CCP). The importance of having acute and critical care experience as an undergraduate nursing student has been widely discussed and it has also been noted that this specific environment can offer an opportunity to broaden and strengthen the students' existing knowledge, prior to application for registration after graduation. This is due to the variety of conditions and complexities that are involved in patient care within the critical care setting (Williams & Palmer, 2013). Nursing practice is an integral part of the UNSS training and development process where the CNMs play a very important role (Eleigil & Sari, 2008).

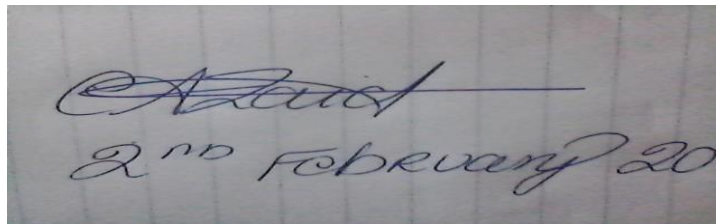
This qualitative study was designed to investigate, within an Appreciative Inquiry (AI) framework, how CNMs in Bahrain are trained and prepared for their role. 24 CNMs were recruited to take part in workshops and focus groups. The use of the AI framework in collaboration with the focus groups gave the researcher an insight to what the CNMs need regarding their preparation for this role and what they have to offer from their own experiences in regard to UNSS' preparation. 8 postgraduate nurses from a Medical University in Bahrain, in their first 3 years after graduation were also included in the study to assess their opinion on mentorship in critical care areas and how they felt on becoming clinical nurse mentors.

The data provided information that could assist in developing a new approach to the mentorship training provided by the participating training hospitals. The results were consistent with previous anecdotal requests of the clinical nurse mentors for changes to the training which included: formal certification, more teaching and learning modules, how to teach in clinical practice, and more yearly updates. The results will assist the nursing faculty within the university in the preparation of CNMs' training, which will enhance their teaching skills and encourage student learning in critical care.

Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for any other award or credit at this or any institution of higher education. To the best of my knowledge, the thesis is wholly original and all material or writing published or written by others and contained herein has been duly referenced and credited.

Signature:

A photograph of a handwritten signature and date on lined paper. The signature is written in dark ink and appears to be 'A. Alar' with a long horizontal stroke extending to the right. Below the signature, the date '2nd February 20.' is written in the same ink.

Date:

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Glossary

Below is a list of commonly used terms throughout this research. These definitions will hopefully provide to the reader a common ground understanding of how and why the term was used as it occurs throughout the thesis.

Appreciative Inquiry	AI
Appreciative Inquiry Workshop	AIW
Focus Groups	FG
Critical Care Placement	CCP
Clinical Nurse Mentors	CNM
World Health Organization	WHO
National Health Regularity Authority	NHRA
Undergraduate Nursing Students	UNS
Registered Nurse	RN
Royal College of Nursing	RCN
Royal College of Surgeons in Ireland	RCSI
Nursing & Midwifery Council	NMC
Bachelor of Science	BSc
Multi Intelligence Teaching Approach	MITA
United Kingdom	UK
United States of America	USA
Undergraduate Student Nurses	USN
Registered Nurse	RN
Clinical Placement Officer	CPO
Nursing & Midwifery Council	NMC

Chapter 1

1.1 Introduction

The recent amalgamation of nursing schools into university status has brought with it the problem of mentorship for the undergraduate nursing students (UNS). Despite the rhetoric surrounding the development of real world skills like reflection, inquiry, self-regulation, and transfer, educators teach theory and assess knowledge acquisition (Kantar, 2014). Teaching clinical skills to UNS is an essential component of nurse education and is therefore the core of the universities' strategy for the teaching of the nursing students. Students' exposure to clinical areas is a component that is essential for their practical training. This exposure requires supervision and this is where mentorship is an important part of the preparation of the UNS. The World Health Organization (2016) (WHO) has contributed to the development of the nurse educators core competencies in order to develop through a series of consultative processes to ensure that competency statements are comprehensive, relevant, adaptable and are globally accessible. These competency levels will ensure that the clinical educators are of an acceptable level in the clinical area to be able to educate and teach student nurses evidence based practice and measure their performance according to the mentors training while comparing to international standards. "Mentoring is one method for providing enculturation into the professional role" (Shellenbarger & Robb, 2016).

The primary responsibility of a registered nurse (RN) is the competent delivery of care to the highest standard to their patients and as part of their role as RN, they have the added responsibility to support the learning of other nurses (Courtney-Pratt, Fitzgerald, Ford, Marsden, & Marlow, 2011). Training to be a mentor may be during their own training or after their entrance into the clinical area as a staff nurse. Mentorship training should be a task that the nurse wants to do, and not something that they are forced to do.

Levett-Jones, Fahy, Parsons, & Mitchell (2006) noted that nurses in clinical practice have been known to be under a considerable amount of stress due to the heavy burden of work. Given the importance of clinical placements it is an important issue and has it acknowledged that universities and health services must find ways to work within the constraints imposed by contemporary practice to maximize the benefits of clinical experiences in terms of student learning, while being able to reach their aims and objectives of their course. Clinical education is generally agreed to be the shared responsibility of nurses in university settings as well as in the clinical practice setting. "A mentor relationship is a gift, it is profound and from being given the privilege of watching him/her in the process of professional development" (Grossman, 2013, p. 34).

Undergraduate student nurses have always had some clinical experience as part of their theoretical component, which usually occurs within clinical simulation laboratories. This use of a clinical simulation laboratory has grown because of the lack of student placements. Omansky (2010) noted that the originator of modern nursing education, Florence Nightingale, had structured her educational model and had students working with nurses, who were trained to train. This concept is known today as clinical nurse mentoring.

By assessing the undergraduate students in the clinical area on their competency levels their mentor has a critical role in assessing a student's readiness for entry into the nursing profession (Zasadny & Bull, 2015). The Royal College of Nursing (United Kingdom), (2016) identified five themes in their literature review on mentorship, these were; the importance of good mentorship, investment in mentorship and mentors, relationships to enable and support mentorship, the context within which mentorship occurs and different approaches to mentorship. Research into mentorship is an important part of the development of mentorship roles especially since it is an important part of a nursing student's education.

Nursing students are novice until such time as they become expert. According to Benner (2001) in Valdez (2008, p. 435) "The transition from novice to expert occurs as a result of experiential learning in the clinical practice setting". This

practice needs to be supervised by a person of sufficient expertise and knowledge who will be able to guide the novice nursing student through procedures and general patient care. In order for this method to succeed we have to give these expert nurses in the clinical area sufficient training in order to be able to mentor our students (Nursing & Midwifery Council, 2015).

Clinical teaching and learning skills have been looked at as being the creation of a cohesive relationship between a preceptor and a nursing student as being highly influential on the overall success of the clinical experience (Foley, Myrick, Yonge, 2013). Here in the Middle East the need for clinical placements is on the increase and this is also an issue globally. Nurse educators internationally have been challenged with the task of finding the sufficient number of placements that are suitable for the learning experience that nursing students need today (Fotheringham, Lamont, Macbride, & McKenzie, 2015). In Bahrain there is also a shortage of training hospitals, so the hospitals are now overloaded with students from two different Schools of Nursing in the country. According to the Ministry of Health (2013) Bahrain has a shortage of 4000 nurses. The need for training nurses here in Bahrain is high on the agenda of the Bahrain Strategic Plan for 2030. But the training of these nursing students needs to be researched more. The rationale for the training of the Clinical Nurse Mentors (CNM) is that the shortage of placements can be supplemented by more efficient training in clinical practice. Having an overload of students can also bring considerable amounts of stress to current CNM, while also having a patient load also to cope with.

Reflecting the literature, the word mentor will be used interchangeably with the words, preceptor, clinical tutor or supervisor throughout this chapter.

1.2 Background for Study

The study explored the teaching needs of Bahraini clinical nurse mentors of 4th year undergraduate nursing students, while collecting important data through a qualitative approach using focus groups and an appreciative inquiry framework to compare the findings to that of their position in the training system today in the university. The present training workshop is delivered to the clinical nurse mentors twice per year over a one day period to two different groups of mentors. Efforts in Bahrain in the past have been focused on providing mentorship training to nurses in the clinical areas, but this has proved to provide the nurse training institutions with an inadequate number of mentors for the huge number of undergraduate student nurses. Anecdotally, in Bahrain mentors they feel that they are inadequately prepared for this role. In the nursing profession it is expected that nurses assume the responsibility for assuring the workforce competencies which protects the public from harm and the mentor plays a pivotal role in this process (Royal College of Nursing, UK, 2016).

1.3 Background Context of Nursing Students in this study

The background of the university nursing students was that they were of Bahraini origin and sponsored by the Bahrain government as part of an initiative to contribute to the shortage of nursing in Bahrain.

The challenges in Bahrain are that of the cultural environment being that of a past generation of school leavers who saw that nursing was not a career for them, but now in 2018, nursing has become a more attractive career where salaries have increased, prospects are better, and respect for nursing is increasing within the population's opinions.

“In attracting local candidates to study nursing, the public image of nursing in the Middle East has been of great concern. It has been suggested anecdotally that the perceptions of Bahraini people about nursing may be grounded in strong cultural influences. In the Eastern Mediterranean Region, the role of nurses was traditionally part of the role of a woman, but only for their families”, (Tawash, Cowman & Anunciacion, 2012, p. 83).

The male population entering into nursing as a career is also increasing from that of three male nursing students entering into the university in 2008 (RCSI, 2009) to that of 2017 where the entrance to the university by male students was 18 (RCSI, 2017). Male candidates also see nursing as an excellent career with prospects. Because of the increase in the UNS population, the number of mentors needs to be increased while the formalization of a complete standardized mentorship program in Bahrain would be advantageous to the future of nursing in the country. Clark and Casey (2016) looked at how there was evidence to suggest that the infrastructure and support for the mentoring role is not always adequate. Here in Bahrain the mentorship role is not always seen as an important pivotal role in the training hospitals, but it is seen by the educational institutions as a role that is crucial to the success of an UNS in clinical practice.

With the development of the Ministry of Health in Bahrain in the 1960's, there was requirement for more qualified nurses, this resulted in the quality assurance in 1987 for the nursing profession and gave rise to the Regulation of Practicing Nursing and Midwifery. This went onto becoming the Bahrain Nursing Society which was established in order to develop the strategies and policies within the nursing profession in Bahrain. In 2002 the Licensure and Regulation in collaboration with the Bahrain Nursing Society was developed to make sure all qualified nurses in Bahrain were licensed. This is the regulatory board that is today; National Health Regularity Board (NHRA). Bahrain has 550 nurses per 100,000 of the population and health services require more nurses to fill this gap in the service.

The government initiative was to establish a new international university that would provide an undergraduate degree program for nurses based on a western training system. This gave rise to the Ministry of Health in collaboration with Tamkeen; a governmental based charitable organization to assist Bahrainis in professional careers, in sponsoring at least 60-80 nursing students every year to enter the profession. The students at the university that is the focus of my study were 100% sponsored by Tamkeen.

The demand for fully qualified mentors is increasing; therefore, adequate training should be made available for the UNS's in the clinical area in order to make them competent in evidence based practice settings. This brings the issue of the mentor's qualifications since they will be mentoring UNS's in a degree programme. The ratio of degree holders in clinical practice is still that of a low number as a large number of the expatriate nurses are still at diploma level. The rationale for concentrating on the UNS's in 4th year being mentored by degree holders only is because of the level of their final project assignment is that of a systematic review. It has been found that the current diploma holder mentors are not familiar with research terminology and find difficulty in assisting the students with their project while in clinical practice.

The Royal College of Nursing (RCN) (2015) specifies the role of a mentor as being that of being critical in assisting facilitating the development of future generations of nurses and midwives, while taking on the responsibility of helping students translate their theoretical backgrounds into clinical practice. The current Nursing and Midwifery Council (NMC) (2015) has the requirement of pre-registration programs to be 50% theory and 50% practice. Being a mentor in the United Kingdom, which according to the NMC (2015) is a "mandatory pre-requirement for pre-registration nursing and midwifery students". Mentors become accountable to the licensing body, therefore giving them the label of fit to practice and have the relevant knowledge for the role.

The mentorship role from September (NMC, 2015) specifies that all new entrants to mentor and practice teacher preparation programmes must be ready to meet the outlined requirements that are outlined in the NMC's Standards to Support Learning and assessment in Practice (NMC, 2015). This also led to the nursing students 'sign-off' mentors as being the only ones who can make a final assessment of the students practice and confirm that they have met the proficiency levels leading to registration with the licensing body. In Bahrain, this is not the case. Clinical nurse mentors are chosen by their head nurses, charge nurses or supervisors as having potential to teach undergraduate nursing students in clinical practice areas. There is no formal training before coming to the University for the one-day Mentorship Training Workshop. We as educators send our BSc undergraduate nursing students to clinical practice areas without assessing the clinical nurse mentor theoretically or practically. We cannot assess in one day the evidence based practice, clinical competency or the theoretical knowledge of the mentor.

Here in Bahrain the level of nurse training among the nursing community is that only 40% of the recruited expatriate nurses are of degree level (Ministry of Health, 2013). At present the National Health Registration Authority (NHRA) from 2015 are only registering and employing degree level nurses from abroad. The non-degree holders who are already employed by the ministry of health (MOH) have to sit an exam before renewing their contracts (NHRA, 2015).

The rationale for this research was to collect data from present clinical nurse mentors and explore through a qualitative approach what mentors expect to receive in their mentorship training so that they become competent to teach and assess undergraduate nursing students in the clinical areas.

The educational organization at the centre of my study is responsible for the delivery of knowledge and research based practice to students, therefore we should prepare the clinical nurse mentors accordingly.

1.4 Place of Researcher in Study

My own position in the research is that of an educator of nursing undergraduate and graduate students within a medical and nursing university in Bahrain. This role also gave me access to the clinical areas as being part of the clinical placement de-briefings. This included one to one meetings with the clinical nurse mentors so the opportunity of these mentors giving feedback on their role each visit was high. All data were collected whilst I occupied this role. Towards the end of this study, I changed my role to one in the clinical area where I am in charge of education and research within the hospital. This role includes training nurse mentors within the clinical areas. The challenge of training nurse mentors has already started with our first clinical nurse mentor workshop taking place shortly after the completion of this thesis.

1.5 Researcher's Note

Whilst striving to maintain anonymity of the participating organisations in Bahrain, it is important to share that the university's undergraduate nursing programme is one that is approved by an Irish university and this is the reason why I have made reference to the NMC and RCN within my thesis as the curriculum and standards are subject to similar processes.

Chapter 2 Literature Review

2.1 Introduction

Literature for this chapter was identified through a variety of sources. Relevant articles were obtained from libraries, electronic databases and interlibrary loans. A search of electronic databases included: Pub Med, Liverpool University Library Database and Science Direct using key words mentorship, clinical supervision, preceptorship and educators. The journal search was limited to publications from 2001-2015. Literature pre-dating 2001, when included, refers to seminal or frequently cited research of significance to this paper. A review of 72 international related journal articles was conducted. Critical review and analysis resulted in the inclusion of 45 papers in the literature review.

The focus of the literature review was to review, from an international perspective, how mentors are trained to assist in the training of the undergraduate student nurses. The nursing student population is increasing and the need for mentors to assist these students in clinical practice is also increasing but clinical placements have stayed the same (Tawash & Cowman, 2012).

In this literature review mentorship, preceptorship and supervision will be referred to throughout as the main terms interchangeably used in respect of nursing students in clinical placement. However, for my study, the term mentor is used throughout since this reflects the term used locally.

2.1.1 Definition of Mentor and Mentorship

The term 'mentor' originates from Homer's *Odyssey*, an epic poem from Ancient Greece that is thought to date back at 3,000 years and the detail of accounts are different from author to author but can be essentially the story of how Odysseus appointed a mentor to his son while he was away on his travels. This was a trusted friend, to be a guide, teacher, tutor and also advisor to him and his estate, (Gray, 2014). The term mentoring should be reserved for the use of a professional relationship that can be longitudinal in nature. Gray (2014) also looks at the term preceptor as being derived from the Latin word 'preceptor' which means teacher, tutor or instructor. This term is suited to short term relationships whereas the term 'mentor' is suited to longer term relationships. The whole ethos of being a mentor according to Gray (2014) is that of being someone who cares about a student and how they learn and develop while making the student feel that they belong and have the ability to feel autonomous during their clinical placement. So, for the purpose of my study mentor will be used to amalgamate of clinical nurse teachers.

Mentorship according to Crossley & Silvermann (2016, p.76) is when "someone teaches or gives help and advice to a less experienced and often younger person". We as educators of nurses depend on 'mentors' to provide teaching to our students while implementing their practical and theoretical training. The problem we are looking at now, in my institution, is whether these mentors are trained in teaching skills and whether we can rely on them to teach our students evidence-based practice skills? Mentors need to be trained to train to enable them to be fully equipped from an educational aspect in order to be able to educate student nurses, while also being able to assess their clinical experience and enhance competencies.

Mentorship programmes currently described in the literature involve one-to-one assistance, as well as guidance, instruction and encouragement from mentors (Chen & Lou, 2014). Bennet, Paina, Ssengooba, Waswa, & Imunya (2016) indicated that 'mentorship can often be seen as being the key element of health research training programs'. As Jordan (2005) in Huybrecht et al., (2011) defined mentorship as "Giving support, assistance and guidance in learning new skills, adopting new behaviours and acquiring new attitudes". Promoting student learning while getting them to reflect on previous experience is an ability that CNM should have in order to promote the learning experience.

The impact that mentoring can make to clinical placement for an undergraduate student can be a factor in individual students progressing through their nursing training. Chen & Lou (2013) wanted to prepare nurses as mentors and have the skills and attributes that would help to educate and train the undergraduate nursing students. Undergraduate nursing students considered that training in clinical practice can enhance and develop the relationship between mentor and mentee. In the clinical setting they felt that having a good mentor can relieve stress, improve clinical socialization and enhance the student support system. Having a good support system can make a big difference to whether the student stays in the program as some may have second thoughts on their career choice due to unsocial hours, pressure of work or simply no support in clinical practice.

The CNM's role is to guide and supervise the USN while they are in the clinical area, while bringing the theoretical concept of the nursing course to the application to clinical practice. In recently a transformation of nursing education has occurred in Europe and beyond, in which USN's spend large amounts of their time under the supervision of CNM in the clinical area (Dobrowolska, McGonagle, Kane, Jackson, Kegl, Bergin, Cabrera, Cooney-Milner, Di Cara, Dimoski, Kekus, Pajnkihar, Prlic, Sigurdardottir, Wells, & Palese (2016).

Eller, Lev, and Feurer (2014) determined that social science literature contains over 50 definitions of mentoring, which emphasizes the lack of conceptual clarity and describes how early studies identified two mentoring functions. These functions included; role modelling, acceptance and confirmation, counselling and friendship, while career functions included; sponsorship, exposure and visibility, coaching, protection and challenging assignments. Bennett, Paina Ssengooba, Waswa, and M'Imunya (2013) described mentoring as a critical element of capacity building that is a requirement of health research while supporting career counselling, promoting interest in health research and building professional networks that can support students throughout the training process.

2.2 Place of Mentoring in Nursing Education

The amalgamation of nursing schools into universities has brought with it the discourse of nurse education and practice and questions regarding the nursing student's clinical preparation being adequate for clinical practice (Cheraghi, Salasli and Ahmadi 2008). Mentorship training programs are a crucial part of undergraduate nursing training in clinical areas. Without the CNM, clinical training for the nursing students would be a daunting process which may result in the students not gaining the sufficient level of experience that is needed to pass the clinical component of the BSc degree. CNM training needs to be carefully planned from the university itself and be implemented over a specific period of time. Nurses have to be trained as a CNM and given the right amount of training related to teaching skills that will enable them to be competent enough to assist and assess a student in the learning process in clinical practice.

In an article published in Australia, Henderson and Eaton (2013) focused on behaviours of new graduates and saw how the need for mentorship became crucial in this transition. Henderson and Eaton (2013) also looked at teaching guides who were designed to be assistants to the undergraduate nursing students and would-be preceptors, buddies or mentors to them during their clinical placement. Henderson and Eaton looked at the *learning* guides namely the preceptors, buddies and mentors are being similar concepts. They considered how support guides in clinical practice are crucial to assist in transitioning undergraduate students or graduate nurses into the clinical practice area. They suggested that behaviours exhibit direct impacts on the learner's participation in the workplace practices.

The ability to interrogate and explicate professional knowledge is at the heart of the support that is required of a clinical practice mentor (Clarke, Killeavy & Moloney, 2013). Mentorship has been widely discussed in the literature in the past and there is an increasing body of empirical evidence to support its importance in students' experiences of practice learning (McIntosh, Gidman, & Smith, 2014). The training of mentors can play an important role and the training may consist of an extensive course, followed by some extra days of additional training that can update the mentor on any new innovation in clinical teaching (Huybrecht, Loeckx, Quaeyhaegens, De Tobel, & Mistiaen, 2011).

McCloughen, O'Brien and Jackson (2006) considered the use of formal and informal supportive relationships in nursing that have been advocated for many reasons including recruitment, retention, new graduate programs, development of clinical and management skills, and career development. Lorenzton and Brown (2003) described how the term mentorship was not traditionally associated with nursing although Florence Nightingale did act as a mentor to matrons for some years providing them with pastoral and personal care along with management guidance. McCloughen et al. and Lorenzton and Brown are still being referred to in today's literature as the concept of mentoring is still being studied and critiqued.

Staykova, Huson, and Pennington (2013) suggested that academic educators face challenges when preparing students to integrate into clinical practice while intertwining nursing education with stakeholders' needs and expectations. These stakeholders are the students, hospital sponsors; and the university is responsible for training and educating a student nurse and make them fit for practice and entry on to the register. Institutions such as the Nursing and Midwifery Council (NMC, 2015), recommended in their Standards to support learning and assessment in practice; standards for mentors, practice teachers and teachers, that clinical nurse mentors should follow the specific document that gives advice to mentorship training and preparation.

2.2.1 Purpose of Mentorship

Taylor and Neimeyer (2009) considered that graduate nurses play an important part in the mentoring process of students while playing a crucial role in graduate student development. They also saw how research has identified that mentored students are often more confident with their communication abilities and professional identities, and are more satisfied. Mentors additionally played a large role in the success of their student's abilities to integrate into clinical practice and professional development. Mentor-mentee relationships develop as the mentor can pass on knowledge and information while, personally supervising the successful development of practical skills. Taylor and Niemeyer (2009) study showed that mentorship can move from beyond just undergraduate nursing students but can also be used for the graduate training programs; the mentors show commitment through professionally helping to develop their own careers by mentoring students through their training. It is important to note, however, that the process of identifying "ideal" mentors is subjective and is necessarily influenced by broader contextual factors, as well. The protégé's expectations for the mentor, for example, have been linked to the concepts of teaching skills and perceptions of the mentor and satisfaction with the mentoring relationship.

Dobrowolska et al. (2016) study resulted in two main types of clinical mentorship dedicated to undergraduate, pre-registered nursing students were identified in the chosen countries. They found that there were two main types of clinical nurse mentors and each have a different scope of responsibilities with different functions in the different countries. The first introduced student nurses to the clinical environment and bridged the theory to practice and the second developed competencies in the clinical area. They concluded their study by looking at the multidimensional picture of existing models of the organization of clinical mentorship across the EU and non-EU countries. Different standards were noted regarding the clinical nurse mentors' qualifications, scope of responsibility and reward system. Some of the countries had no pre-requisite for the role. The conclusion of no clear model of training existed which is conflicting with other countries standards and pre-requisites. Here in Bahrain there is no pre-requisite regarding prior qualifications, including the clinical nurse mentor holding a certificate, diploma or a degree. This conflicts with the NMC (2015) pre-requisite for training as a clinical nurse mentor.

McCloughen, O'Brien and Jackson (2006) considered the use of formal and informal supportive relationships in nursing that have been advocated for many reasons including recruitment, retention, new graduate programs, development of clinical and management skills, and career development. Lorenzton and Brown (2003) described how the term mentorship was not traditionally associated with nursing although Florence Nightingale did act as a mentor to matrons for some years providing them with pastoral and personal care along with management guidance. McCloughen et al. and Lorenzton and Brown are still being referred to in today's literature as the concept of mentoring is still being studied and critiqued.

Wagner and Seymour (2007) considered they suggested in their exploration of the concept of mentoring in the United States of America, by providing a new model of mentorship based on caring, philosophy and theoretical background, that good mentoring depended on students building a good relationship with their mentors, and being able to undertake a great deal of emotional labour convincing their mentors that they were good students. Their model emerged from an experimental mentorship partnership between registered nurses at a community based hospital and student nurses from two different colleges. This collaborative commitment of the three main institutions provided an initiative funded by the 'Nursing Career ladder Initiative', federal grant. The nursing program was facilitate by a nursing coach and had the support of the director of education within the hospital. Their proposed model saw that the caring intention and actions are intricate threads of mentorship, while mentorship is the initial fabric of caring nursing professionals (Wagner & Seymour, 2007).

Wagner and Seymour (2007) considered mentoring as an empowerment of position in the organization and how the mentor could be the link between the undergraduate student and the teacher from the university. They considered the relationship as that of a focused model with goals and objectives. However, in their opinion, mentors need to understand the relationship between them and the undergraduate student as that of a caring mentor and an understanding student.

Mentor student relationships were explored by Eller, Lev, and Feurer (2014) who identified key components of effective mentoring relationships with student nurses. They discussed how relationships have changed since the 1970's and 1980's when they focused on novice nurses in practice settings using an apprenticeship model of training.

2.2.2 Mentoring Role

Bennett, Paina, Waswa, and M'Imunya (2016) explored mentorship and what the concept means to people who are being mentored. They suggested that mentoring as a process being the mentor, guides another, (which is usually a younger person), who will be the mentee and develops and re-examines their ideas of procedures or pathways which lead to personal and professional development. They also suggest that a mentor could also be a guide in career counselling, while developing a sense of professionalism, while guiding advocating career advancement and fostering an occupational safe environment in which the mentee can make minor mistakes that can be rectified while training.

Webb and Shakespeare's (2008) research focused on how mentorship relationships affected nurse education and students reflected that the relationship with their mentor may be strained at times. Their qualitative study that was conducted in the United Kingdom (UK) suggested that good mentoring was dependent on students building a good relationship with their mentors, and being able to undertake a great deal of emotional labour convincing their mentors that they were good students. Qualitative data was gathered in 2006 by using a critical incident technique in interviews with a convenience sample of students and mentors from two different geographical regions in the UK. The results of the thematic analysis confirmed previous findings regarding the qualities of a good student and other relative issues in mentoring (Webb and Shakespeare, 2008).

This reflected in their attitudes as well as to whether they were clinically competent or not. Students need to have good attitude as well as good communication skills that will enable them to be able to deal with the varied complexities that they will meet during their training. Webb and Shakespeare (2008) saw how mentorship relationships affected nurse education and students reflected that the relationship with their mentor may be strained at times.

Complexities could be that of failing and weak students and how to understand and be able to assist these types of students. These actions should inform

training and preparation of competent experienced mentors who have a formalized background in education and training in clinical practice. At the same time, many issues identified in previous research within Webb and Shakespeare's study, do not appear to have been looked at, including appropriate mentor preparation and support, portfolios either online or manual, competency statements, and ensuring that enough time is available for mentoring and student supervision were not fully addressed within the study

Mentorship training programs are a crucial part of undergraduate nursing training in clinical areas. Without the CNM, clinical training for the nursing students would be a daunting process which may result in the students not gaining the sufficient level of experience that is needed to pass the clinical component of the BSc degree. CNM training needs to be carefully planned from the university itself and be implemented over a specific period of time. Nurses have to be trained as a CNM and given the right amount of training related to teaching skills that will enable them to be competent enough to assist and assess a student in the learning process in clinical practice.

Using a model of preceptorship was considered in a study by Wagner and Seymour (2007) who considered mentorship as being a being a multidimensional relationship that can energize personal and professional growth. They suggested that mentoring was an empowering relationship between novice and expert nurses and can be taken as a way into which the novice looks at the expert as a role model.

The CNM's role is to guide and supervise the USN while they are in the clinical area, while bringing the theoretical concept of the nursing course to the application to clinical practice. The ability to interrogate and explicate professional knowledge is at the heart of the support that is required of a clinical practice mentor (Clarke, Killeavy & Moloney, 2013).

Mentorship has been widely discussed in the literature in the past and there is an increasing body of empirical evidence to support its importance in students' experiences of practice learning (McIntosh, Gidman, & Smith, 2014).

In a systemic review of mentoring, Jokelainen, Turunen, Tossavainen, Jamookeeah and Coco (2011) found that mentoring comprised of two main themes: facilitating student learning and strengthening students' professionalism, which included professional attributes and identity. Subthemes identified were establishing effective working relationships, facilitation of learning, assessment and accountability, evaluation of learning, creating an environment for learning context of practice, evidence-based practice and leadership. These concepts are aspects of teaching in clinical practice which should be taught to the mentors before they take undergraduate nursing students for training.

Gopee (2015) emphasized the fact that skills and techniques of communication are some of the most important ones that a practitioner undertaking the mentoring role has to utilize. Communication is an important factor in mentor to mentee relationships. A healthcare professional who may undertake the mentorship role is normally at this stage a skilled communicator and has been so within a health care setting for a few years before undertaking the role. Communication within a mentorship role must be a priority (Gopee 2015).

McCarthy and Murphy (2008) considered the action of preceptorship as a supportive mechanism in addition to their teaching abilities. Their responsibility included; the teaching of clinical procedures to students, supporting and supervising students, as well as now having the responsibility of assessing the students during all of their placement from every aspect of the clinical placement.

2.2.3 Factors affecting the Mentor Role

Nursing education looks at producing qualified nurses with the appropriate knowledge, attitudes and competencies that will equip them with the professional skills for employment in clinical practice. Karimi, Dabbaghi, Oskouie, Vehvilainen-Julkunen and Binaghi (2010) in a study based in Iran explored how teaching styles affected the student nurses' perceptions of how they are taught. They explored the issue of teaching nursing skills in clinical settings and their problems while acknowledging that this concept has not been widely studied globally. They took 15 nurse teachers who were interviewed individually during 2006-2007. The interviews were recorded and later transcribed verbatim. The researchers used thematic analysis for the development of themes and sub-themes. This revealed the following themes; multiplicity in teaching style, nature of clinical teaching and control and adaption in education atmospheres. The themes from this study identified that the teaching style was not as consistent as was intended and that this may affect the application of knowledge of the undergraduate nursing student (UNS) to their clinical practice.

Mentoring is seen as an effective method in developing skills, promoting careers, increasing job satisfaction, and reducing job stress, but specific outcomes from the mentoring-student relationship is questionable when it comes to outcomes (Eller, Lev, and Feurer 2014). Eller et al. (2014) in their qualitative study using a purposive sampling in geographic diversity and representation of a range of academic disciplines, in the form of workshops focusing on key components of the communication process in effective mentoring relationships. Eller et al. (2014) concluded that the key components in the mentorship mentee relationship were that off; specific mentor-mentee behaviour and interactions, identifying the needs of both and the desirable personal qualities that the mentor has in order to be a teacher, counsellor and confidant to the mentee.

Altmann (2006) in the United of America (USA) noted that mentors must be licensed at or higher than the student's level in order to be eligible to mentor

students. However, in many cases, the availability of nurses to precept students becomes a leading criterion of selection (Altmann, 2006). This has also been specified in the Royal College of Nursing (2017) (RCN) publication on: *Guidance for Mentors of Nursing and Midwifery Students*, Where they look at the qualifications needed for a mentor are they have undertaken an approved mentorship preparation programme or the equivalent, while meeting the standards of the NMC (2015) The standards are part of a strategy to professionalize the mentorship role and give the clinical nurse mentors the status that is expected of them as teachers in clinical practice. The RCN (2015) stated that “Not every nurse will have the required aptitude or ability to ensure that learning outcomes conducive to the education of a student nurse or midwife have been met”.

Staykova, Huson, and Pennington (2013) considered the positive and negative factors that influence the attitudes of the preceptors. These factors can affect the way in which they treat nursing students in clinical practice. This may be because they had weak or poor training for the role of mentor. However other important factors leading to a positive experience are having adequate time to do a good mentoring job while having a good understanding of the theoretical background on the role of the mentor and receiving sufficient faculty support while doing their teaching and learning preparation for the undergraduate student nurses coming into clinical practice. Staykova et al. emphasized that an important factor regarding the academic support was that they understand exactly what a mentor needs regarding the training in clinical practice.

In a Canadian study, Foley, Myrick and Yonge (2013) remarked on intergenerational conflict within the preceptorship model and that a cohesive relationship between a mentor and a nursing student can influence the overall success of the whole experience.

They conducted a phenomenological study with the objective to explore the phenomenon of mentorship within the intergenerational context. A purposive

sample of seven preceptors and seven nursing students were recruited from the undergraduate nursing program. The undergraduate nursing students were four females and three males, who were all in their final year. The preceptor group consisted of six females and one male, and all had at least five years' experience in precepting undergraduate nursing students. The findings from this study included: preceptors having preconceived ideas about the younger generation being critical about clinical practice as being a frightening place that makes students nervous; interaction with nursing staff leaving students feeling sad; being ostracized from the team; resentment against preparation for clinical practice; students being spoiled and preceptors making comments about the way things used to be. They explored how a generational gap in ages between a preceptor and a student can be a potential for misunderstandings and conflict can emerge. Foley et al. advised that these concepts should be seen as part of the orientation period when a mentor meets their student or students. They should be prepared to deal with conflict in personalities, while being able to deal with the attitudes and behaviours of students who will be in their care for at least eight weeks at a time.

2.3 Mentoring Nursing Students in Clinical Practice

Nursing students have to be supported in the clinical area, however, supervision of nursing students can be seen as a problematic issue in clinical environments due to lack of nursing staff and staff training. In Sweden, Löfmark, Thorkildsen, Raholm and Natvig (2012) conducted a cross-sectional survey using an adapted (English to Norwegian) form of the Nursing Clinical Facilitator Questionnaire (NCFQ). The adaption of the model was considered valid from a group of subject experts. Löfmark et al. invited 538 BSc nursing students (Years 1-3) to complete the survey after they had experienced their clinical placement.

The response rate was good (70.6%, n=380), and this may be attributed to the fact that the questionnaires were completed in class, therefore the possibility of unintended coercion to complete should have been acknowledged. Data were subjected to appropriate statistical tests using SPSS.

Löfmark et al. (2012) found that nursing students perceived supervision from preceptors and teachers during clinical practice as being an invaluable resource for their development. However, this is not without its issues and problems for the healthcare institution where the students were training. Löfmark et al. determined that the demands on supervisory staff (including heavy workloads) within the healthcare organization can compromise the quality and quantity of the clinical supervision of students. Löfmark et al. also discussed how students need to be supervised in order to demonstrate how their theoretical knowledge can be integrated into their clinical practice. The emphasis here comes from the preceptors/mentors who are the key to the students' clinical practice experience.

Although Löfmark et al. (2012) reported that preceptors/mentors have strong support as a model for supervision, some studies (Coates & Gormley, 1997; Grealish & Carroll, 1997; and McKenna & Wellard, 2004) have reported that mentors themselves experience some issues with lack of formal qualifications and that this can be seen as a major issue within the clinical practice setting. Mentors' lack of experience has been a controversial subject especially in the Middle East when BSc undergraduate student nurses are being mentored by qualified diploma level nurses in clinical practice. This has been noted by students when they receive their Student Clinical Assessment Report (SCAR).

Löfmark et al. (2012) concluded that supervision in the clinical part of nursing education practice in Norway shares a lot of important features with other countries, mostly within the European Union and that students' experiences of clinical supervision in clinical practice may have international relevance.

The nursing students in Norway showed that they viewed supervision as being positive and beneficial from the mentee. Supervision by teachers was estimated as being high. The collaboration between supervisors and university teachers was emphasized as a necessary factor in student clinical education.

Nursing education looks at producing qualified nurses with the appropriate knowledge, attitudes and competencies that will equip them with the professional skills for employment in clinical practice. Marks-Maran, Ooms, Tapping Muir, Phillips and Burke (2013) found that pre-registration nursing programs did not equip newly qualified nurses with preceptorship skills that will enable them to teach students in the clinical area. The preceptor program was linked to the 'Knowledge and Skills Framework' (KSF), which is designed to enable career development over a period of time, as well as to support the transition of student to qualified staff nurse.

Marks-Maran, et al. (2013) evaluated preceptee engagement with the existing preceptorship program. They looked at the impact, value and sustainability of the program from the preceptee' perspectives. The study was conducted in the UK within a National Health Service hospital. The study used an evaluation framework developed by the Department for Health in England (DH), which was used for preceptorship to help newly qualified nurses transition to clinical practice. A mixed methods approach was taken using questionnaires, reflective journals and reflective recordings. Reflective recordings were made by the preceptors using a flip camera to record stories of their experiences and how they impacted on them. The data were collected over a 6-month period during 2011. The questionnaires were distributed to all of 90 preceptors and the response rate was 48.9% (n=44). The Statistical Package for Social Sciences (SPSS) was used for data analysis and the results showed that over 20% of the statements coded were about the challenges that emerged in engaging with the program. Four sub-themes emerged. These included: value of the program, preceptor challenges, reflections/use of reflection, and relationship with the preceptor.

Marks-Maran et al. (2013) concluded that their findings supported existing literature about stress, anxiety and lack of confidence that was experienced by the newly qualified nurses. Transitioning from undergraduate nursing student to newly qualified staff nurse, is daunting and the results from the Marks-Maran et al. revealed that they were not feeling that they were competent in clinical

practice. This reflects the importance of the undergraduate nursing students in 4th year critical care practice settings have to have a good experienced mentor who can ensure the best training to help the student to become competent in clinical practice.

With the development of teaching and learning skills throughout the last 20 years, mentorship has become one of the teaching skills that are developing fast, and the contemporary issues associated with mentorship will also increase. Piquette et al. (2014) looked at where learning opportunities and clinical supervision of undergraduate student nurses in clinical practice were promoted to increase patient outcomes, while promoting and improving patient care. Students reported the lack of supervision in clinical procedure training, hence more studies need to be done in this area. The lack of supervision has also led to patient medication and procedure errors.

Karimi, Dabbaghi, Oskouie, Vehvilainen-Julkunen and Binaghi (2010) in a study based in Iran explored how teaching styles affected the student nurses' perceptions of how they are taught. They explored the issue of teaching nursing skills in clinical settings and their problems while acknowledging that this concept has not been widely studied globally. They took 15 nurse teachers who were interviewed individually during 2006-2007. The interviews were recorded and later transcribed verbatim. The researchers used thematic analysis for the development of themes and sub-themes. This revealed the following themes; multiplicity in teaching style, nature of clinical teaching and control and adaption in education atmospheres.

The themes from this study identified that the teaching style was not as consistent as was intended and that this may affect the application of knowledge of the undergraduate nursing student (UNS) to their clinical practice.

Karimi et al.'s study focused on the actual educator whereas Sheahan, While and Bloomfield (2015) focused on the learner by taking a multi intelligence teaching

approach (MITA). This latter approach enhances the learning experience based on unique abilities and characteristics of the learner rather than focusing on the abilities of the educator. This MITA approach in teaching clinical skills to undergraduate student nurses is not as well researched as it should be (Karimi et al.). The MITA systemic approach by Sheahan, While and Bloomfield (2015) has been seen to improve competencies of nursing students whether their abilities are strong or poor, while encouraging independence, self-directed learning (SDL) and active uptake of information and knowledge in clinical skills laboratories, classroom or any other learning environment. In Sheahan, While and Bloomfield's (2015) study it is claimed that MITA can help nursing students engage in learning by actually engaging their differing intellectual strengths, abilities or where they are at. This approach has the ability to encourage the undergraduate nursing students to use their own individual skills while using skills they may have gained previously in clinical practice or within the formal theoretical training weeks in the university. This concept may be adopted and given as a recommendation here in Bahrain for further educating undergraduate students nurses within clinical placements.

Zasadny and Bull (2015) considered competencies, and looked at the concept of mentorship and its position within the Australian nurse educational reform, and how nursing mentors can support undergraduate nursing students in clinical practice.

These changes as well as the concepts of McCloughen, O'Brien and Jackson (2006); who looked at the position of mentoring within Australia's healthcare system have covered a lot of issues that other countries have not considered in the mentorship role, but did not however consider the role of the mentor as an educator within clinical practice and have not yet put a unified training scheme in place for this role.

Clinical teaching skills form the basis for the creation of a cohesive relationship between a preceptor and a nursing student which is seen as being highly influential on the overall success of the clinical experience (Foley, Myrick, & Yonge, 2013).

In Bahrain there is a shortage of training hospitals, so the hospitals are now overloaded with students from two different Schools of Nursing in the country. According to the Ministry of Health (2013) Bahrain has a shortage of nurses and the number is now 4,000 (Tawash, Cowman & Anunciacion, 2012). The need for training nurses here in Bahrain is high on the agenda of the Bahrain Strategic Plan for 2030. But the training of nursing students will have to be researched with more visualization on the Strategic Plan for Healthcare in Bahrain (2030). The rationale for the training of the CNM's is to accommodate the increasing number of students studying nursing and that the shortage of placements within the training hospitals for UNS's can be supplemented by more efficient training in clinical practice, by having mentors who are experienced and formally trained. Having an overload of students in clinical practice with CNM's having on average of 3 to 4 students, can also bring considerable amounts of stress to current CNM's, while having a large patient load can be difficult to cope with. This area alone could benefit from more research into the way in which CNM copes with student overload. The coping mechanism comes with the training that is the grounding of good mentorship skills based on international guidelines.

2.4 Mentor Experiences and Perceptions

Rylance, Barrett, Sixsmith, and Ward (2017) in a qualitative study looking at a mentors' perspectives on student nurse mentoring, found that mentors played a pivotal role in the preparation of nursing students for the nursing register. The evaluative study which aimed to capture the voice of the mentor was done in the United Kingdom. The data was taken from the clinical evaluative student documents and analysed by transcribing and then thematic analyses to bring out the main key themes. The rationale for the study was that of the current changes in nurse education it was argued that there was a lack of support for clinical nurse mentors from the educational institutions. Rylance et al. used an evaluative questionnaire which invited participants in the study to answer questions on what satisfied them in their role as clinical nurse mentor and what was the cause of their frustration with the role. They analysed the data by a qualitative descriptive thematic analysis. The study revealed that 79% (n=135) of mentors across each field of practice reported that the most satisfying aspect of mentorship roles were that of transferring their own knowledge to the students and facilitating the students' development and progression. The mentors also reported that they enjoyed giving feedback with a positive contribution to the students learning experience and career opportunities.

Mead (2011) investigated mentors' views regarding their role and found that that the area of mentorship in clinical practice was under researched. Their paper looked at results from an online survey published by the NMC and sent all the results to all UK directors of nursing and asked them to detail action that was needed to address all problems highlighted by the findings. Although questions remained regarding the results of the finding from the survey it was generalized that all UK mentors were facing similar issues in clinical practice.

Because of these results another study set in Wales was implemented by Mead and Wilson in 2010 and Cassidy (2010) in Mead (2011) who reported that there were significant differences in the experiences of mentors in Wales compared to the results reported in 2010 by Gainsbury in Mead (2011). Gainsbury from his study in 2010 reported that 85% of mentors from an online survey lacked in confidence to fail undergraduate nursing students in clinical practice as their impression was that the university would pass them anyway.

Mead (2011) used an exploratory mixed quantitative and qualitative methodology using a survey approach from nine questions set in a presentation. The 50 mentors attending the specific conference all answered by using laptops and other technological apparatus. The results showed that only a small percentage of the mentors (2%) showed a lack of confidence to fail a student in clinical practice because their decision would be overturned by the relevant university compared with that of Gainsbury's study in which 69% (n=1945) agreed that the university would overturn a decision to fail a student. In Mead's study 95% (n=94) of mentors responded that they did not lack in confidence dealing with a failing student compared with the previous 85% in Gainsbury's study. They concluded that the explorative findings did not replicate for mentors in other areas in Wales and educationalists should be aware of these findings.

2.5 Mentorship Training Programmes

The training of mentors is pivotal and may consist of an extensive course, followed by some extra days of additional training that can update the mentor on any new innovations in clinical teaching (Huybrecht, Loeckx, Quaeyhaegens, De Tobel, & Mistiaen, 2011). Kantar (2014) specified that training for nurses in mentorship should involve training, synthesis, and evaluation of the clinical placement and this should be part of the mentorship curriculum.

Mentorship programmes currently described in the literature involve one-to-one assistance, as well as guidance, instruction and encouragement from mentors (Chen & Lou, 2014). Bennet, Paina, Ssengooba, Waswa, and Imunya (2016) indicated that 'mentorship can often be seen as being the key element of health research training programs'. Promoting student learning while getting them to reflect on previous experience is an ability that CNM's should have in order to promote the learning experience.

In a study by Joubert and Villiers (2015) in the Free State Province of South Africa, found that several changes would be needed to improve their current structure of the nursing mentoring programme preferably before the new mentorship training group could be placed in critical-care units. Joubert et al. (2015) used a qualitative design; the participants were mentees and mentors who were working in critical care. The participants were invited purposefully, based on their ability to answer the research questions. They explored and described the learning experiences of the mentors and to obtain from the data analysis recommendations to improve the mentorship programme. Joubert et al. used an action research methodology to develop and refine the student-mentoring programme while identifying a student's needs. The results revealed that the experiences of the mentors were evident in five categories identified including; allocation, correlation and application of theory in practice; mentee attitude; learning experience and reassurance and trust. From the discussion and findings, both mentors and mentees mentioned both positive and negative experiences and were willing to recommend significant changes to improve the quality of the current programme. Joubert et al. concluded that suggested changes to the way in which student numbers could be reviewed with each mentor, also the orientation of different roles with the request for a multidisciplinary approach which could improve the quality of the mentorship programme.

Using a qualitative dimensional approach study conducted in Ireland, McCarthy and Murphy (2008) explored the extent to which preceptor nurses were using specified educational assessment strategies to clinically assess BSc nursing students within a specific university. McCarthy and Murphy (2008) focused on how students undertaking the BSc in Nursing in Ireland are supported and supervised by preceptor nurses during clinical practice. These preceptors had already attended a prior preceptor course which combined the completed course with any other formal teaching qualifications that the nurses already had. These teaching and learning courses combined were intended to give the preceptors the confidence to assess and evaluate the USN.

McCarthy and Murphy (2008) concluded that mentors needed to undertake the necessary training that would enable them to assess students in clinical practice. They also stated that hospital management must give more support to preceptors in acknowledging their multifaceted role by facilitating their attendance at preceptorship programs, workshops and other formalized courses that will help with the transition to preceptor.

Debrowolska, McGonagle, Kane, Jackson, Kegl, Bergin, Cabrera, Cooney-Miner, DiCara, Dimoski, Kekus, Pajnkihar, Sigurdardottir, Wells and Palese (2016) looked at clinical mentorship in undergraduate nurse education. The aim of the study was to describe and compare the clinical mentor's role and responsibilities, their experience, their qualifications and employment requirements in undergraduate nurse education in the eleven EU and non-EU countries. In their comparative case analysis of eleven European Unions (EU) and non-Europeans Union countries they looked the different ways in which clinical nurse mentors for undergraduate nursing students are trained. There were two different approaches to the mentorship training, these are; offered by higher education institutions and the second is offered by health care providers. There is however variation in the findings, including, profile, responsibilities and professional requirements that will permit them to be clinical nurse mentors.

Spiva, Hart, Patrick, Waggoner, Jackson, and Threatt (2017) aimed to investigate the effectiveness of a mentor training program on mentor's perceptions of knowledge, attitude, skill, and confidence levels and the organizational readiness related to evidence Based Practice (EBP). Their study involved a quantitative design methodology study using a two-group pre-test-post-test quasi-experimental, interventional design for data collection using a convenience sample of 66 mentors and 367 nurses in a five-hospital integrated healthcare system in the South-eastern United States of America. Spiva et al. (2017) collected data demographic, pre- and post-training questionnaires. Data were analysed with descriptive and inferential statistics using IBM SPSS (Statistical Package for Social Sciences). Paired t-tests were used to examine nurse mentors' perceptions of knowledge, attitude, skills, confidence, and organizational support of evidence based practice and research utilization after mentor training. They concluded that a structured mentorship program is effective in improving evidence based practice, knowledge, attitude, skill and confidence levels along with organizational readiness in nurses training to be evidence based practice mentors. The rationale for using evidence based practice in mentorship training is because of the level of the undergraduate nursing students training in the educational institution. The students are taught up to date evidence based practice in the theoretical weeks, so this means that they can implement this in the clinical area as well as updating some of the nursing staff who have not done mentorship courses.

Elcock (2014) noted that undergraduate student nurses want mentors that have been well prepared and understand their nursing program and how to assess them as well as to be genuinely interested in helping them to learn. Nurses need to be well prepared and genuinely interested, but how can this be if they are stressed in their place of work with a heavy workload as well as looking after students. Having debriefing sessions can help with the feedback sessions between mentor and student. As Elcock suggests, inevitably mentors and students focus on having insufficient time to spend with each other.

Chen and Lou (2013) conducted a systemic literature review on the effectiveness and application of mentorship programmes for recently registered nurses in Taiwan, stipulated that in the implementation of mentorship programs, only senior staff nurses should be chosen as mentors and that this was a priority in the selection process. They also claimed that personality, personnel characteristics and professional area of practice could be a prioritizing factor in the selection but they also suggested that newly qualified staff nurses may also be given a chance to apply for the mentorship courses that may be available. Some conflicting feelings regarding newly qualified nurses being trained as mentors were noted these issues were seen to be causing some distress regarding the reality of being in the clinical practice area. Administrators had noticed this issue and suggested that a support group be started to help these novice nurses cope. This also included establishing learning contracts and using different learning styles to enable the registered nurses to develop their professional skills and abilities to be able to mentor undergraduate nursing students in clinical practice.

Chen and Lou (2013) stipulated that the implementation of mentorship programs, suggested that only senior staff nurses should be chosen as mentors and that this was a priority in the selection process. They also claimed that personality, personnel characteristics and professional area of practice could be a prioritizing factor in the selection but they also suggested that newly qualified staff nurses may also be given a chance to apply for the mentorship courses that may be available. However, they looked at how reducing the workload of the staff nurses would better the quality of the delivery of mentorship care of students, and this would be done by providing appropriate training sessions at convenient times. Some conflicting feelings regarding newly qualified nurses being trained as mentors was noticed and it was seen to involve some distress regarding the reality of clinical practice and interpersonal as well as stress and behavioural difficulties, could be evaluated. Administrators had noticed this issue and suggested that a support group be started to help these novice nurses cope.

This also included establishing learning contracts and using different learning styles to enable the registered nurses to develop their professional skills and abilities to be able to mentor undergraduate nursing students in clinical practice. Gray (2014) looked at the stance that teachers take as they progress into mentorship roles. Gray (2014) spoke about the two different stances that could be taken and these are; formal and informal, while these stances depend on the circumstances. The informal according to Gray (2014) is defined as 'where learning occurs in daily life and where people meet, talk, and share experiences. It can be a spontaneous process which is designed to help others learn and also involves exploration of a particular experience with the aim of learning from it'.

The aim of Chen and Lou (2013) was to prepare the mentors with skills and attributes; however their study did not include any European countries although some European countries have already invested in mentorship programs for skill development and professional career pathways. They concluded that recently registered nurses need to be assisted in competency acquisition before considering mentorship of undergraduate students in clinical practice. Mentoring has become a significant aspect of a professional life as a nurse, and also in other areas including midwifery as well as other healthcare professions (Gopee, 2015).

We as educators of nurses depend on 'mentors' to provide teaching and learning to our students while implementing their practical and theoretical training. The problem we are looking at now, in my institution, is whether these mentors are trained in teaching and whether we can rely on them to teach our students evidence-based practice skills. Mentors need to be trained to train to enable them to be fully equipped from an educational aspect in order to be able to educate student nurses, while also being able to assess their clinical experience and enhance competencies. Mentorship training in the Middle East is not a formalized pathway, with no accredited course either from the Higher Education Authority (HEC) or the National Health Regularity Authority (NHRA); therefore, this played an important role for the rationale for this research study.

Clinical experience in practice can play a significant role in the education of USN, registered nurses and practical nurses, and the mentors play a crucial part in this process (Hilli & Melender, 2015). In a research study conducted in a hospital in Finland Hilli and Melender, (2015) they looked at that time, there are no existing general recommendations concerned with the work experience a nurse has to have before precepting an UNS or newly registered nurse to clinical practice. They developed the evaluation of an inter-professional research and development project which lasted from 2009-2013 on clinical preceptorship in two main hospitals. Their action research project using a quantitative/qualitative approach found that there was a significant difference in the levels of education among preceptors of UNS. In another study by Oikarainen, Mikkonen, Tuomikoski, Elo, Pitkänen, Ruotsalainen and Kääriäinen (2018) using a cross-sectional, descriptive explorative study design, looked at describing mentors' competence in mentoring culturally and linguistically diverse nursing students during a clinical placement while identifying the factors that affected the mentoring process. Data were collected during 2016 by a survey questionnaire that was sent to mentor's employed at five university hospitals in Finland. The participants were chosen randomly from each of the five groups with a total of 3,355 nurses received an invitation to participate in the study.

The criteria for inclusion was as follows; be currently employed at one of the hospitals in a professional registered nurse capacity, have experience in mentoring nursing students studying for a degree, and an understanding of the Finnish language. Oikarainen et al. analysed the data collected, using descriptive statistics, non-parametric tests and binary logistic regression analysis. Their results showed that mentors with previous experience in mentoring nursing students from diverse backgrounds rated as being competent in their roles. Challenges however, did exist in competence in linguistic diversity in mentoring. Here in Bahrain although 100% of the students have Arabic as their mother tongue, they are taught purely in English, giving them a challenge of studying in another language rather than their own.

Another issue is the language of the mentors in clinical practice coming from a cohort of multinational languages including English, with accents that may be difficult to understand. Hence the mentors for the UNS in Bahrain need to be carefully selected with good command of the English language.

2.6 Gaps in the Literature and rationale for study

Although the literature used in this review has covered many aspects regarding the preparation of mentors for supervision of undergraduate nursing students in clinical practice, the focus was not only on teaching and learning skills but on many other aspects of the mentorship role. These included assessing competencies, evaluating clinical procedures, what support is needed in clinical practice, empowerment, and mentorship programs. Chen and Lou (2014) looked at how mentors were educated to take on the role of assisting new nurses into specialist practice. Therefore, mentorship is not only relevant to undergraduate student nurse training but is also needed in specialist areas, and for the transitioning of newly qualified graduate nurses. The aim of Chen & Lou (2013) was to prepare the mentors with skills and attributes to undertake their mentoring role, however, their study did not include any European countries although some European countries have already invested in mentorship programs for skills development and professional career pathways. This aspect indicates a gap in the literature where further studies are needed.

Considering that mentors are the link between educators and the undergraduate students, thought needs to be given to the training and preparation of them. As Taylor and Neimeyer (2009) indicated in their study, mentorship can play a crucial role in undergraduate student development for clinical practice. Taylor and Neimeyer concluded that students who are mentored are often more confident in their approach to communication abilities and professional identities.

The indication for a mentor being the main person in the clinical education of an undergraduate student nurse has not been fully investigated in the literature. Wagner and Seymour (2007); Crow, Conger and Knoki-Wilson (2011); Taylor and Neimyer (2009); Cummings (2015); Faiman (2011); Ericsson (2008) and Staykova, Hudson, and Pennington (2013), have all looked at mentorship and training in the United States from many angles but to my knowledge there is a paucity of literature that have claimed to create an accredited training program for nurses regarding mentorship in clinical practice within the Middle East.

The need for the specialized training of mentors in the educational aspects of teaching is well documented within the literature. More studies throughout the region through the schools of nursing and the teaching hospitals would be advisable to enable the nursing students to be professionally guided within their clinical placements.

Referring to the gaps in the literature, there has been a few quantitative studies conducted but less using qualitative research. Positivism has been described as being that of a broad view of science and knowledge. A positivist philosophy is one that assumes that there is a stable reality present and the phenomenon does exist whether they are looking at this or not (Green & Thorogood, 2014). The natural sciences are also associated with the epistemological position which is also known as positivism. Having this positivism attitude in teaching and learning has brought with it the question of how to improve the skills of the CNM at present.

In respect to the gaps in the literature, my study will explore at the educational needs of nurse mentors teaching UNS in critical care settings in Bahrain and I considered this would be invaluable to academic nurse educators as they choose strategies and develop content for mentorship education.

Chapter 3 Research Methodology and Methods

3.1 Introduction

“Methodology is the philosophical framework within which the research is conducted or the foundation upon which the research is based” (Brown, 2006). This chapter provides an overview of the research paradigms which underpinned the rationale for this research study. The research design was that of a qualitative methodology and aimed to collect data from the relevant participants using appreciative inquiry as a guide to the data collection methods. The chapter will also discuss the ethical considerations taken and also how data were analysed.

3.2 Research Aim and Questions

The study’s aim was to explore the current mentorship program related to our Bahraini undergraduate nursing programme and to ascertain mentors’ perspectives of its relevance as it currently stands as well as looking at areas where it could be improved.

3.2.1 Research Questions

1. From a clinical practice perspective, what are the mentors’ perceptions and experiences of teaching the undergraduate nursing students in nursing year 4?
2. How do the mentors perceive their training and preparation for the mentorship role?
3. What (if anything) could be improved in the mentorship training programme?
4. How do mentors rate their professional and educational relationship with students?

3.3 Epistemology and Ontology

Ontology and epistemology are both important elements of the philosophy of knowledge and can often overlap, but we need to distinguish between the two; epistemology is about the way in which we know things and ontology is about what things are. Epistemology which is considered the theory of knowledge belongs to the philosophical branch of philosophy (Green & Thorogood, 2014, p. 11).

“Generally speaking there are varieties of research methodologies with no single accepted research methodology applicable to all research problems. Each research methodology has its own relative weakness and strength. No single research methodology is necessarily ideal and that selection inevitably involves loss as well as gain”, (Schulze, 2003, p. 99). Choosing a research methodology for a particular study is the choice of the researcher themselves and what would give the best information for the research study data that is collected.

The selection of research methodology depends on the paradigm that guides the research activity, more specifically, beliefs about the nature of reality and humanity (ontology), the theory of knowledge that informs the research (epistemology), and how that knowledge may be gained (methodology). A consideration of epistemology, ontology and methodology must be a central feature of any discussion about the nature of social science research as these elements give shape and definition to the conduct of an inquiry (Popkewitz, Tabachnick & Zeichner, 1979, p. 99).

Education is knowledge and epistemological approaches to the justification of knowledge is the study and the theoretical findings that have been argued by Carter and Little (2007) who noted that knowledge can be gained in two ways firstly, we can identify the special characteristics of knowledge and secondly, we can examine how people use the term, what is the meaning it has for them and how the term knowledge impacts upon their behaviour.

When students learn, teachers want them to understand the rationale for the decision on what they are doing. Epistemology is concerned with doing; therefore a nursing student will do a procedure because they know how to do it and also the rationale for the actual task of *doing*.

There are two broad epistemological positions these are that of positivism and interpretivism in which constructivism is used to predict general patterns of human activity. The nature of social reality for positivists is that of having empirical facts that exist apart from personal ideas or thoughts which are governed by laws of cause and effect causing patterns of social reality which are stable and knowledge of them is additive (Tuli, 2010).

Constructivism has emerged over the past few years as a powerful model in explaining how knowledge is produced (Gordon, 2009), who also considered constructivism as a powerful model in explaining how knowledge is produced and how students learn. Improvements to the mentorship training programme at present should be based on epistemological findings on the concept of knowledge improvement and where it comes from. The epistemological approach that was taken in this research was what is regarded as being acceptable knowledge in a certain discipline. In the Bahraini context, the Clinical Nurse Mentors (CNM's) employed by the university in clinical nursing practice were considered to be trained enough to be able to teach UNS's within their specific areas. Interpretivism is evident here due to the researcher and the mentors world having an impact on one another, because of the clinical background of both parties. Interpretivism is the opposing view to epistemology as it claims that "Natural science methods are not appropriate for social investigation because the social world is not governed by regularities and hold-like properties" (Ritchie & Lewis, 2005, p. 23). This gave the researcher a view to exploring and understanding a social world through the eyes of the participants in the study and what their perspectives and explanations that could be given at a level of what was meant rather than what was the cause (Ritchie & Lewis, 2005).

Epistemology may pose some questions regarding the relationship between the knower and what is known? The way in which a knower approaches the issue has to have a rationale and a pathway. We as human beings want to know and the way in which we want to know things differs (Tuli, 2010). The approach to research needs to be that of what the researcher feels is right. For example, I personally prefer to approach a participant by interviews, one-to-one interviews, focus groups, in this way the researcher feels that they have a personal part to play in the research. “Qualitative research methodology often relies on personal contact over some period of time between the researcher and the group being studied. Building a partnership with study participants can lead to deeper insight into the context under study, adding richness and depth to the data. Thus, qualitative methodologies are inductive, that is, oriented toward discovery and process, have high validity, are less concerned with generalizability, and are more concerned with deeper understanding of the research problem in its unique context” (Ulin, Robinson and Tolley, 2004, p. 100).

Improving the mentorship training from an epistemological point of view could enable the CNM's to a concept of knowledge understanding that would enhance their understanding of teaching in clinical practice. “With respect to ontology, it is concerned with the nature of reality and distinguishes between 'external realism' which considers reality as existing independently of our construction of it, 'internal realism' which views reality-for-us as an intersubjective construction of the shared human cognitive apparatus, and 'subjective idealism' where each person is considered to construct his or her own reality”, (Walsham, 1995, p. 75).

The usual ontological stance for someone in a healthcare setting would be that of looking to doing a research that is of interest to them and probably in their own field of practice. Having a justified interest in a specific research subject will enhance the outcome of the research results because the researcher has faced the reality of actually doing the research to improve a service.

The discipline in this study was that of CNM's teaching skills and how they could be improved. Ontological consideration in this research saw questions of social ontology that were concerned the nature of what is was the social entity in the case of CNM training.

What became clear during the study was that of the epistemological approach as being a part of the social world and if these particular social entities should be studied with the same principles and ethos as the natural sciences (Bryman & Bell, 2008). Mentors have the responsibility to train and orientate the UNS's while in the critical care areas therefore their preparation is of the utmost importance.

3.4 Study Design

At the heart of the rationale for institutional research is an organization's commitment to change and the responsiveness of human beings being able to seek the best in one another. The aims of the research were designed to gain an insight to the CNM needs, while looking at the present mentorship workshops and how they could be improved. The design of the research was informed by the research questions.

The research took the form of a qualitative research design using an appreciative inquiry framework, focus groups and workshops. The contribution of qualitative research in areas such as public health, health promotion and other health services has been identified as providing contextual, an in-depth understanding of the perspectives of the participants (Green & Thorogood, 2014).

A qualitative methodology was chosen particularly because of the concern with understanding human behaviour from the researcher's perspective while assuming a dynamic and negotiated reality. It was multi-focused involving, interpretive, natural approach to the subject matter involved in the research. In this research this was the mentors and the student's perspectives. In my study, the hospital setting takes into account the naturalness of the mentor's in their own surroundings where they will be taking their undergraduate student nurses to train in clinical practice areas.

This gives rise to the qualitative research where the researcher can study things in their natural settings, while attempting to make sense of the phenomena of what is going on (McLeod, 2008).

3.4.1 Humanistic Aspect of Qualitative Research

Qualitative research focuses on understanding the humanistic and idealistic approaches. Humanistic is the philosophical and ethical stance that emphasizes the value and agency of human beings, individually and collectively, and idealism is the unrealistic belief or the pursuit of perfection, (Google Scholar Dictionary, 2018). Ideally in mentorship the Clinical Nurse Mentors are looking for competence in a skills or procedure, ideally looking for perfection.

In mentorship we can look at how novice teachers are mentored in schools as the principal is the same as mentoring student nurses in hospitals. Fischer, Van Andel, Cain, Zarkovic-Adlesic and Van Lakerveld (2008, p. 40) described the humanistic perspective as being that of “Mentorship deals primarily with emotional support to help the novice teacher to handle the reality shock in a school to reduce psychological stress and to empower self-esteem”.

Quantitative research however is based on numeric and methods that can be objective and propagated by other researchers (Pathak, Jena, & Kaira, 2013). For my thesis, qualitative was the choice because of the humanistic approach regarding the mentors’ own feelings. The personal interaction with the mentor’s would give the researcher more information regarding their behaviour and attitudes towards undergraduate student nurse’s training needs.

Health research includes addressing understandings of human health, health behaviour or health services, this is the point at which one starts to decide why we will use qualitative research design methodologies (Green & Thorogood, 2014). Commitment to a research takes planning and health research has to be planned well with data collection methodologies only being commenced after ethical approval from the appropriate authorities.

Pathak et al. (2013) also spoke about having three broad categories of qualitative research that was of interest in clinical research studies, these are; observational studies, interview studies and documentary/textual analysis of various written records, which all give a humanistic approach to the participants. Parhak et al. (2013) also stressed the ability of qualitative research giving a voice to the participants; this is what the mentor's needed to be heard.

A quantitative approach was rejected due to the fact that the CNM's that mentor the Nursing year 4 UNS were of a small number and since there had been no previous research on the concept of mentorship training conducted in Bahrain; a qualitative approach was deemed most appropriate to answer the research questions.

Mentorship is a crucial part of undergraduate nursing training in clinical areas. Without the CNMs, clinical training for the nursing students would be a daunting process which might result in the students not gaining the sufficient level of experience that is needed to pass the clinical component of the BSc degree. CNM training needs to be carefully planned from the university itself and be implemented over a specific period of time. Nurses have to be trained as a CNM and given the right amount of training related to teaching and learning skills that will enable them to be competent enough to assist and assess a student in the learning process in clinical practice

3.5 Ethical Considerations

Healthcare studies have been haunted in history of unethical behaviours in which some studies have caused profound harm to vulnerable individuals (Slowther, Boynton, & Shaw, 2006). Official organizations systems have been designed and set up to prevent repetition of harmful or shameful events. Moral principles are statements regarding broad, general, philosophical concepts and include: autonomy, and justice (Berman & Snyder, 2012). These aspects are the foundation or moral rules and are the prescription for actions that people may take when they know they are doing something wrong, e.g. telling a lie.

These principles are used when committees take ethical decisions regarding approval of research studies. The committee will agree or disagree if the moral principles of the research are not acceptable within the specific guidelines.

Ethics have always been recognized as a central element in medical and scientific research studies (Burton, Brundrett & Jones, 2014). Burton et al. also indicated that because of the increase in practice based research studies, higher educational establishments are now increasingly required to apply for ethical research approval through ethical committees within the institutions.

Ethical approval for this study was sought and gained from my own institution, The University of Liverpool (See Appendix 5), University in Bahrain, (Appendix 6), the participating hospitals; University Hospital A, (See Appendix 7), University Hospital B Cardiac Centre, (See Appendix 8).

It was confirmed by the Ethics Committees that there would be minimal unintended coercion of mentors taking part in the study, since those who will be the focus of investigation will have mentored students that had now completed their programme of study. During the data collection phase, there was no direct relationship held by the researcher and the mentor participants in the study.

Approval was granted from the University of Liverpool (See Appendix 5). It is envisaged that there will be minimal unintended coercion of mentors taking part in the study, since those who will be the focus of investigation will have mentored students who have now completed their programme of study. No direct relationship is held by the researcher and the participants in the study.

3.5.1 Access to participants

For the purpose of this research, the focus of the investigation was on CNM's who were supervising and assessing the 4th year BSc UNS in their critical care practice placement. The CNM participant recruitment involved emailing a purposive sample of the CNM based in the critical care placement areas in two of the three main teaching hospitals in Bahrain. These two hospitals have been involved in the critical care placement of the UNS for the past eleven years.

The CNM's over this time have changed many times due to the fact that the nurses are recruited from abroad for work in the hospitals and may stay only two to three years, before moving on to other countries.

The inclusion criteria for mentors were those who had a minimum of six months experience mentoring and assessing 4th year student nurses. Those with less than six months experience were excluded from the study, as it was assumed that they would not have the requisite underpinning of mentoring practice to contribute in a meaningful way to the study. A total of 24 mentors were chosen for the study which was 12 CNM's from each of the two participating hospitals.

The CNM's were of mixed nationality including, Bahraini, Indian, British, South African and Philippines. The 24 participants were included in both the AI workshops and the focus groups as this gave the study consistency.

With institutional permission, participants were accessed through the current university records from the 4th year undergraduate mentorship list which was available in the university clinical placement officer's records. They were sent emails asking for their participation in the study.

The two participating hospitals, where the CNM's will be recruited were also approached through the ethical committees within the organizations themselves. Copies of the research proposal and a completed ethical application form were submitted both as hard copies and soft copies via email to the appropriate departments. Ethical approval was also applied for and granted by the two participating hospitals, University Hospital A. (See Appendix 7) and University Hospital B (See Appendix 8). Ethical approval was also obtained from and the Cardiac Centre is under the patronage of this Hospital B.

3.5.5 Selection of the Participants

For the purpose of this proposed study, the focus of the investigation was on the CNMs who were supervising and assessing 4th year UNS within the critical care areas. Because of the specialization of this area, the CNM had one extra days training for this specific task. With the developments in nursing being that of and as a result of changes in the practice of another professional group e.g. a procedure that may have been undertaken by general anaesthesia and requiring an overnight stay in hospital is now classed as day surgery (Hart, 2010). Changes in clinical practice throughout the training needs to be observed by the CNM and this information passed to the UNS.

3.6 Data Collection Process

The qualitative method of focus groups and AI workshops were chosen because of the nature of the CNM task orientated position in teaching and the delivery of knowledge and information as well as practical skills to the UNS. The focus groups and AI workshops took place within the clinical area since this allowed for their attendance despite time constraints with the CNM's actual work. I tried to keep the disturbance of the AI workshops and the focus groups to a minimum, which was seen to be more accommodating to the clinical area staff and administrators.

3.6.1 Overview of Data Collection Methods

The data collection component was split into four phases. The first phase was a focus group (1) which brought the mentors together to look at how they considered their training and how the training workshops provided by the university could be improved in the future. It was also an initial data gathering exercise to look at the perceptions and attitudes regarding their mentorship roles and their experience in the teaching of the UNS.

This was followed by the first AI initial workshop (1) (See Appendix 1). This workshop explored the teaching skills of the mentors and how to be a better teacher, through understanding their own experiences and thoughts on what they need and what they can offer. There was a gap of 4 weeks between AI workshop 1 and focus group 2. Focus group 2 concentrated on how mentors assess the UNS while in clinical practice.

The third phase was a second AI workshop (2) (see Appendix 2). This workshop was held 4 weeks after focus group 2. In this AI workshop the mentors were expected to have gained more insights into teaching skills from the initial AI workshop. The workshop focused on evaluating students' performance and their competencies for clinical practice.

After 3 weeks, a focus group (4) was held to evaluate the whole process (Diagram 3.1). The same 12 mentors took part in all the AI workshops and focus groups.

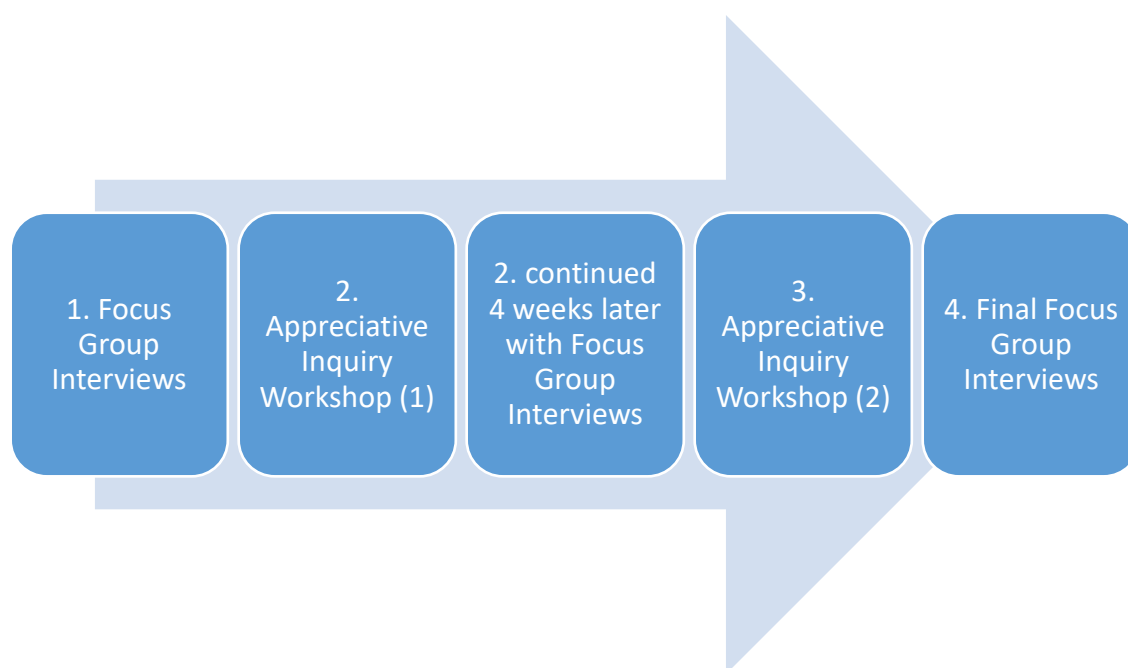


Diagram 3.1 Overview of Data Collection Methods

3.6.2 Appreciative Inquiry

For the purpose my qualitative research I chose to use an Appreciative Inquiry 4-D framework (Cooperrider & Whitney, & Stavros 2008) since I believed it aligned with the rationale for the study into what the CNM's needed as teaching skills acquisition. AI was used in collaboration with 2 workshops and focus groups.

AI emerged from the work of Cooperrider in Coghlan and Brannick (2010), who aimed at large system change through an appreciative focus on what actually is working as part of a system rather than what is missing. This approach is taken by many universities and to engage in relatively intensive, short term project work with a set of clearly defined aims and objectives (Kahn & Baume, 2003).

AI is the cooperative co-evolutionary search for the best in people, their organizations and what is in the world around them where they involve themselves in the discovery of what gives life to an already living system when it is most effective, alive and constructively capable in economic, ecological, and human terms (Cooperrider, Whitney, & Stavros, 2008).

As a research method, AI has been reported to complement traditional forms of action learning through its ability to be able to inspire generative learning (Koster & Lemelin, 2009, Reed, 2007 in Trajkovski, Schmied, Vickers & Jackson, 2013). It was anticipated that this would, in my study, encourage mentors to raise questions on the teaching and assessment strategies that they need to understand in order to guide nursing students through clinical practice placements. Using the AI framework enabled me to understand and bring to the surface issues that the mentors currently have with the teaching of students in critical care practice with a view to making recommendations for future practice.

AI was initially developed as a method for promoting organizational development (Shuayb, Sharp, Judkins & Hetherington, 2009). Shuayb et al. found that the key findings identified by AI were that of identifying a new outlook on a particular topic, avoiding stereotypical answers, empowering participants and identifying good practice. It can also be an evaluative tool that can identify good practice, introduce and implement change successfully, involves the participants in high level of participation, which in turn promotes a sense of ownership to the process of AI.

Facilitation of AI workshops plays as important role in the explanation of what is expected from the participants, while supporting them throughout the process. An inquiry into what the human potential of organizational life should be collaborative, assumes that the principle is an immutable relationship between a process of inquiry and what it contains (Cooperrider, Whitney & Stavros, 2008).

Using AI workshops is a strategy that is used to seek out what was the best of 'what is' while gaining insight to 'what might be' and also aiming at generating new knowledge that would expand the present state to that of a higher realm (Cooperrider, Whitney, & Stavros, 2008). Facilitating organizational change will continue to be one of the major challenges facing health systems and healthcare professionals in the modern world (Plsek & Greenhalgh 2001, in Trajkovski, Schiemied, Vickers & Jackson, 2013). Participatory approaches such as AI offers the potential to facilitate change from the ground up. Literature does suggest that when using AI to bring about change in organizations and a rise in studies reporting that AI is being used to reframe research practice (Carter 2006, in Trajkovski, Schiemied, Vickers and Jackson, 2013).

Using the AI method enabled me to identify the actual problem and move away from traditional remedies and focus on appreciating what was already there and then moved towards the appreciative method. When I reflected on the initial problem on the lack of teaching skills among CNM's, I then focused on the positive core of the organization which was teaching in higher education and used the affirmative, positive, desirable, approach to identify the objectives that the CNM wanted.

Cooperrider, Whitney and Stavros (2008) explored the positive side of organizational life and saw that it is one of the greatest, but least recognized resources in the change management field today. AI has been seen to demonstrate and show that a human system does grow in a direction of people's persistent inquiries and this is seen to be sustainable when at its strongest, and when it is positively correlated in a direction change management. AI is based on simple assumptions that every organization has something that works well for them while giving strength to the issues, and this is usually the starting point for creating positive change (Cooperrider, Whitney & Stavros, 2008). The four phased AI approach relies on interactive techniques such as group discussions and interviews that identify good practice, consider changes, and introduce it to a system (Shuayb et al., 2008).

AI is not suitable however for research into problematic social phenomena, or when participants have limited experience of the topic (Shuayb et al. 2009) and in the case of this research, CNM teaching and assessment skills. When deciding to use AI I had to consider the following: exploring the potential limitations of using AI as a research approach, identify the effectiveness of using AI to identify possible changes and modifications needed, identify potential areas where AI might be valuable, explore the benefits of applying AI from the participants point of view and examine any financial cost of conducting the AI research. For my study no financial costs will be borne by the my institution.

Using AI as a framework for action in mentorship training has the potential to allow a practitioner to affirm a symbolic capacity of one's imagination and mind as a well as looking at social capacities for choice and evolution (Cooperrider, Whitney, & Stavros, 2008).

3.6.3 The 4-D Cycle Process.

The 4-D cycle consists of 4 phases: a discovery phase, the dream phase, the design phase, and the destiny phase (Trajkovski et al. 2012). The 4-D Phases (See Figure 1) are explained as follows:

1. The discovery phase: this is what gives life to the organization and this is when appreciating and valuing what is best of what is or has been in the past, and how it can be used in the future.
2. The dream phase: envisioning what might be or exploring and affirming the situation.
3. The design phase: the co-construction which should be the ideal phase to lead to changes.
4. The destiny phase: sustaining and envisioning the future state.

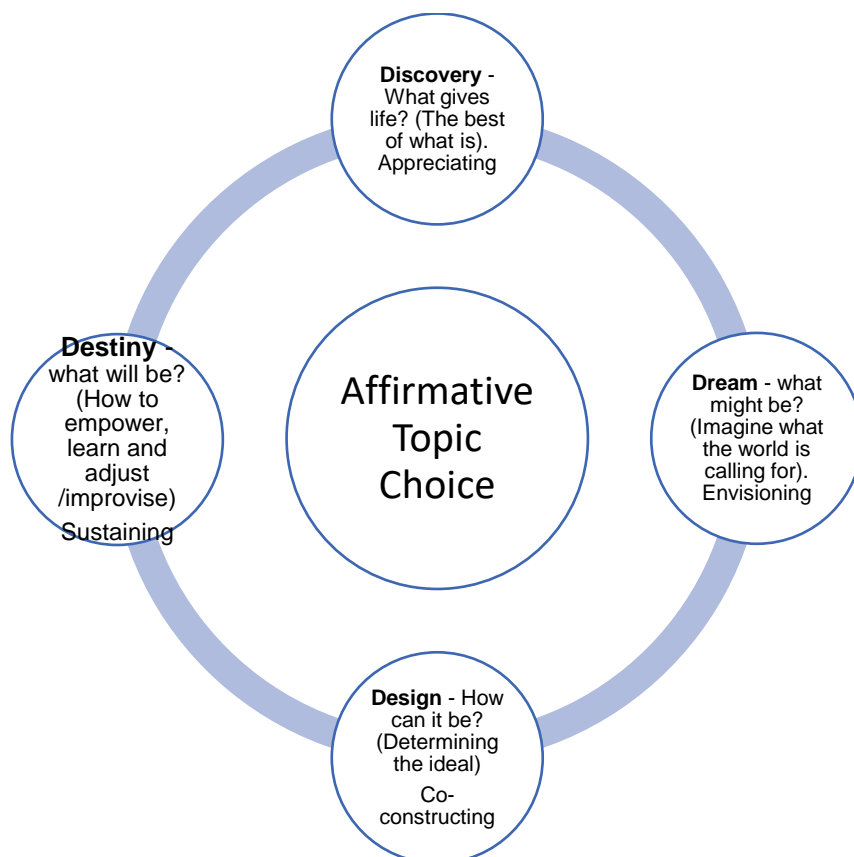


Diagram 3.2. Appreciative Inquiry 4-D Cycle (Cockell & McArthur-Blair, 2012)

The Discovery phase as shown in Figure 1 is the first step of appreciating, valuing the best of what is and engages people through interviews, storytelling, and sharing emerging themes. Dream, the second step, involves envisioning what actually might be, while engaging in creating a vision and word images for an ideal future. Design being the third step of what should be and involves participants co-constructing ideal futures while formulating strategies to reach a point (Cockell & McArthur-Blair, 2012).

The key to all these steps are focused around an affirmative topic that is the choice of the researcher at the beginning of the change process, while carrying on the process after the final 4th stage of the 4-D process. At this stage the process should be ready to be carried out ensuring that the desired change will have a strategic plan for future innovative AI. The Destiny phase is the last step of the innovation process and involves ways of keeping the strategic changes that have been co-constructed to create more change (Cockell & Blair, 2012).

The 4-D phases of AI were used to examine the state of what is now and how it could be changed. These phases facilitated understanding what the CNM actually wanted and needed to enable them to develop salient mentorship skills that would enable them to deliver the best nursing practical training to the undergraduate student nurses.

The rationale for using AI as a focus in my study was that the basic tenet is that an organization will grow in whichever direction that people in the organization focus their attention. If all the attention is focused on problems, then identifying problems and dealing with them is what the organization will do best. In order for this to happen, focus on mentoring in nursing that can encompass a guided experience, whether it is formally or informally assigned over a time line that has been mutually agreed upon period that can empower the mentor and the mentee to develop their personal and professional attributes (Grossman, 2013).

3.6.4 Focus Groups

Kitzenger (2005) argues that focus groups can reach some parts of a research that other methodologies cannot reach and can reveal dimensions that make understanding of issues that quite often can remain at bay rather than be opened up by other more conventional data collection techniques. They can also enable researchers to examine some people's different perspectives within a social network.

The focus group strategy used was that of encouraging staff that are at a similar level in a way that addresses the planned research questions (Krueger & Casey, 2009). The aims of the focus group questions were to bring dialogue between the participants through a qualitative interaction via the focus groups.

Originally, focus groups were largely a tool of market research, where they had been used to assess consumers' views of new products and publicity. Later they also started to be used in health research using them to gather information in evaluating health interventions and in health promotion evaluation (Green & Thorogood, 2014). Basch (1987) in Green and Thorogood (2014) suggested that the adoption of focus group interviews in health education was a useful research tool which relied on both the market research tradition and the history of group processes used in health education as a tool for behaviour change. Focus groups normally consist of between 6-12 people, brought together to discuss a particular issue which was in turn a tool for behavioural change (Green & Thorogood, 2014).

For the basis of the focus group interviews I used Krueger's (2002) "Designing and Conducting Focus Group Interviews which consisted of the following: participants, environment, moderator, analysis and reporting. This structure gave me a basis for conducting the focus group interviews smoothly and without any underlying problems that could occur during and after the actual interviews.

Focus groups were used as a data collection method because of the participants' similarity to each other and the current cultural climate was one where focus groups would be most appropriate. The culture here in Bahrain, is that of a population where individuals prefer speaking in groups, therefore focus groups were the choice to encourage the CNM's to speak about their experiences and answer the set questions and prompts if needed.

Kitzinger (2005) referred to focus groups as a group of individuals that have been organized to explore a particular set of issues and debate a particular set of questions, reflecting on common experiences or also examining a particular health experience or health campaign. Krueger and Casey (2009) advocated that focus group characteristics should be composed of participants who have similar experience to each other in a way that is important to the researcher. CNM have similar backgrounds and have been brought together as they will all be teaching the UNS in their 4th year clinical placements. The CNM backgrounds would all be in critical care areas, and the goal of the focus group was to collect data that will address the research questions and gather together a range of opinions regarding the training of the CNM and how this can be improved. The focus group questions were carefully predetermined and sequenced, open ended and phrased in a way that they are easy for the participants to understand and answer in a logical way (Krueger & Casey, 2009).

Focus group questions were generated to explore how CNMs viewed teaching and learning skills and how they could get more access to training in these skills' Open ended questions are better to have more interaction with the participant telling a story rather than yes or no answers with closed ended questions. Open ended questions are a hallmark of focus group interviews and the answers give explanations, descriptions and illustrations of the research topic for discussion (Krueger & Casey, 2009).

The timings of the focus group according to Green and Thorogood (2014) is suggested to be between 1-2 hours in length and to include a mixed group of participants from different clinical areas, but with similar interests in 4th year undergraduate nursing student mentorship.

Questions were structured for consistency and would also have prompts that would help the participants if they get stuck for questions and answers during the focus group interviews (Appendix 11).

The difficulties that can arise in focus groups could be that some of the participants that were recruited may decide not to turn up on the specified day for interview. Some may also have thought they had to be in the university the specified workshop and the arranged focus group meetings. This however was confirmed with all the participants that the AI workshop and the focus groups will be conducted within the clinical area. Reminders were sent out at least one week before the actual AI workshop along with the focus group interview time, venue and date. The day before each event a gentle reminder was sent out to all participants to further remind them.

3.7 Data Analysis

Data from the focus groups were recorded with the participants' permission and consent and were transcribed verbatim. The recordings were transcribed with participant's pseudonyms as this insured confidentiality with the research study. Pseudonyms were chosen because of the multinational component of both hospitals, therefore choosing the names gave the participants more faith in the confidentiality of the research study. The transcribed data was then coded to find sub-themes and themes. The collected data after transcribing was colour coded by the use of mind maps which gave the researcher visualise between coded data, sub-themes and themes. The recording transcribing was kept on a computer which was protected by a password. All other data including mind mapping was kept in a locked drawer in the researcher's office.

The evaluation data from before and after each AI workshop were also transcribed verbatim. Data collection processes included, evaluation forms, flip chart narrative from the group work in the workshop and the individual participants themselves.

The data were subjected to thematic analysis and involved in open coding, categorizing and was subjected to the creation of themes. In qualitative researches using interviews, focus groups, data analysis is going to involve identifying common patterns within the mentor's responses and critically analyzing them in order to achieve research aims and objectives. Data analysis for quantitative studies, on the other hand, involves critical analysis and interpretation of figures and numbers, and attempts to find rationale behind the emergence of main findings. (Dudovskiy, 2018).

3.8 Being Reflexive

Reflective practice refers to how an individual engages in critical reflection on their own practice (Coghlan & Brannick, 2013). For the purpose of this research a reflective diary was kept throughout the data collection process and the clinical visits with the CNMs. It was kept up to date by writing down any significant issues at the routine de-briefing sessions.

The essence of reflexivity is an essential part of qualitative research. Having these values within a research can help the researcher to use qualitative research methodologies and try embrace the values within the research although it was noted by Green and Thorogood, (2014) that it is difficult to have a study that is untainted by the values of the researcher themselves. It is known that reflexivity is a way in which a qualitative researcher can take the issue of subjectivity seriously, without letting all claims to producing useful accounts of the world in general (Green & Thorogood, 2015).

The qualities that are exhibited by a reflexive researcher is that of being very explicit about the steps taken in the data production and the data analysis, the decisions are precise and not skewed, the theoretical openness of the researcher shows that the starting points and assumptions made should be addressed, and the ways in which they shaped the actual study. By being consistently reflexive, I became aware of the interactions in which the data results were derived, as well as the wider social context of the research study.

3.9 Validity and Reliability

Qualitative research in general constitutes to validity and reliability as well as contributing to the quality of the research criteria (Burton, Brundrett & Jones, 2011). My research looked at the way in which CNMs teach the 4th year UNS and how their teaching skills could be improved. The use of AI enhanced the process by using the 4-D appreciative inquiry cycle, has been claimed to be the choice for getting people who have common ground to co-construct existing ideas to improve systems accordingly (Burton, Brundrett & Jones, 2011).

Reliability was consistent with the way in which the CNM's where all from the same healthcare background so bringing them together in AI workshops gave them the opportunity to bring new ideas and innovations to the table. Reliability was also considered as part of the consistency in the way that the focus groups and AI workshops where run. They were run according to already credited frameworks which have been used extensively in past research. Focus groups were run on the basis of Krueger and Casey's framework (Krueger & Casey, 2009), and AI run on the 4-D appreciative cycle framework from Cooperrider, Whitney & Stavros, (2008).

3.9.1 Establishing Rigour in Qualitative Research

The goal of my research study was to explore the training of the 4th year undergraduate clinical nurse mentors and consider what the existing nurse mentors in clinical practice think about the way in which they are prepared for this role by the educational institution. In order for my research study to be of a standard that would be of high quality, meaningful with relevant data analysis, rigour had to be established and as part of this the researcher acted as an instrument in the data collection and analysis process. The way in which humans can be used as instruments of data collection, showing the ability to empathise is also seen as a unique weakness (Whiteley, 2002).

The credibility of a research lies in the skill and the competence of the researcher themselves (Tuckett, 2005).

Because of the qualitative nature of the way in which data is collected the researcher and the participant can be seen as not having any distance between them, and objectivity possible to enable the researcher to say a point of view expressed and being uncontaminated by researcher subjectivity (Whitely, 2002). Since I was the data collection instrument it was vital that I adopted a consistent approach in maintaining my reflexive journal.

3.9.2 The concept of trustworthiness

Trust is also a main part of research rigour in any study that is conducted in an organization. The researcher needs to gain the trust of the participating organizations. This is where the researcher convinces the ethical committees within the chosen organizations that the research study will enhance practice. The strategies to attain rigour within the qualitative research study is the researchers responsibility throughout the data collection and data analysis process. In the concept of trustworthiness, the researcher reduce two potentially negative influences on credible data being that of tape recordings and personal journals (Tuckett, 2005). Tape recordings can make participants self-conscious and this can be alleviated by the use of a personal journal where they can write down feelings and understandings. A personal journal can reduce group thinking where they are unwilling to be heard but would rather write it down. This opportunity was afforded to my participants, however no-one availed themselves of this. Using a tape recorder can enhance credibility if the transcribing has missed a point from the participant creating unintended bias. Therefore, following transcription, the transcribed data were read alongside listening to the actual recording. In my own research study tape recordings, transcribing of focus groups and one-to-one interviews were all kept confidential.

3.10 Summary of Methodology Chapter

As was the aim of the research was to determine the CNM's attitudes and perceptions while evaluating their teaching skills towards the 4th Year UNS in critical care areas. It was envisioned that changes would determine that could be recommended to be added to the existing training that is currently delivered to the CNM's.

AI in higher education speaks to both formal and informal teachers and leaders within all organization that are concerned with the teaching of all types of students (Cockell & McArthur-Blair, 2012). For the CNM's who are concerned with UNS's in critical care areas AI was chosen as one of the key methods for evaluating CNM behaviours, attitudes and perceptions towards UNS learning. Focus groups would be run consecutively with the AI workshops were able to ascertain how the CNM's felt by conducting interviews in groups.

It was imperative that this study took a theoretical approach using teaching strategies to improve the collaboration between the CNM's and the faculty within the nursing school who would be conducting the CNM's workshops for the 4th year UNS mentors. The importance of co-constructing the clinical mentor's experience and perceptions of workshops delivered by the university would enable the recommendations from the research study to be implemented will bring strategic changes to the CNM training processes.

Chapter 4: Presentation and Discussion of Findings

4.1 Introduction and Overview

This chapter focuses on the qualitative data that was collected from the participants during the research. The participants were all given pseudonyms to protect confidentiality during the data collection process and analysing of the findings (See Table 4.1). The aim of the research was to investigate and evaluate the clinical nurse mentorship training provided by the university to the 4th year undergraduate student nurse mentors in preparation of their teaching and assessing student nurses within critical care clinical placements.

The Appreciative Inquiry workshops provided the clinical nurse mentors with the opportunity to share their concerns and at the same time work as teams to be able to come up with answers that may improve their mentorship training processes. The Appreciative Inquiry mind-set encourages us not to spend too much time trying to find the right answers to issues, but instead it perceives a wide variety of questions that lead to new avenues of inquiry (Lewis, Passmore & Cantore, 2011). This mind-set can reveal experiences that the clinical nurse mentors may have and may not have. They need to be able to share their gained experiences with the student nurses that they are mentoring and reflect on past experiences.

Focus groups were chosen as the other qualitative method as they work well with participants and enable them to feel comfortable, respected and free to give opinions without being judged, while promoting self-disclosure, (Krueger & Casey, 2009). Using focus groups helped the researcher to get to know what other people are thinking while gaining the participants trust and letting them know that they are able to let themselves think and feel they can disclose certain information that will help with improvement of the present system. My aim was for them to feel that they could disclose information within an environment that is non-judgmental and permissive.

This chapter firstly presents the reader with insight into how the unfolding story was gathered via the sequence of data collection methods, followed by the presentation and discussion of the three overall themes and subthemes.

The data from the Appreciative Inquiry (AI) workshop and the focus groups were transcribed verbatim, then using thematic analysis, were initially coded and then progressively condensed into sub-themes and themes. All elements of the data were carefully organized and logged while transcribing to see the actual themes emerging. Table 4.1 refers to the participants' pseudonyms and experience.

Table 4.1 Table of Participants

Participant Pseudonym	Hospital A or B	Gender	Years qualified	Previous mentorship training
1. Susan	A	Female	15	No
2. Carol	A	Female	8	No
3. Jane	A	Female	10	No
4. Pauline	B	Female	11	No
5. Sally	A	Female	8	Yes
6. Jayne	A	Female	15	No
7. Gillian	B	Female	16	Yes
8. May	B	Female	14	Yes
9. Maeve	A	Female	10	No
10. Kate	A	Female	6	No
11. Ann	B	Female	5	Yes
12. James	B	Female	6	Yes
13. Michelle	B	Female	8	No
14. Peter	A	Male	6	No
15. Gemma	A	Female	10	Yes
16. Vicky	B	Female	9	No
17. John	A	Male	10	No
18. Arthur	A	Male	6	No
19. Ann-Marie	A	Female	7	No

20. Helen	B	Female	9	Yes
21. Tess	B	Female	10	Yes
22. Mellie	B	Female	12	No
23. Susan	B	Female	15	No
24. Carol	B	Female	14	No

The following data is shared so that the reader gains a perspective of the unfolding story shared by the participants as they progressed through the different stages of data collection. Following this, the reader will find detail of the sub-themes and themes.

4.2 Focus Group 1

The first focus group took place in the participants' organization as this proved to be the most convenient place for them. The discussion started by an explanation and a rationale for the research study. Prior to commencing the first component of the data collection strategy, I ensured that all participants had a full understanding of the participant information sheet (See Appendix3) and that they had agreed to participate by providing their signed consent (See Appendix 4). A set of questions with prompts was also documented (See Appendix 11) to help the focus group participants open up with information regarding the mentorship training at present in Bahrain.

4.2.1 Focus Group Thematic Analysis

Focus groups from both sites revealed that the consensus from both participating hospitals was that of a similar nature in that the participants wanted the same outcomes from the mentorship training provided by the educational institution. The data were coded and categorized into sub-themes (See Tables 4.2 & 4.3).

Table 4.2 Codes and Sub-Themes from Focus Group Number 1 (both sites)

Sub-theme	Coding
Understanding the issues regarding teaching strategies	<ul style="list-style-type: none"> • Teaching from own experience. • Not prepared for this role. • Training is not enough. • Insufficient understanding of the role. • No official training. • Different training backgrounds. • Update in new teaching methodology.
Suggestions for improvement of mentorship training	<ul style="list-style-type: none"> • More educational strategies needed. • More preparation needed. • Diploma nurses mentoring BSc nurses. • Updates in teaching and learning. • More understanding of educational and teaching concepts
Clinical Nurse mentors understanding of teaching in clinical practice.	<ul style="list-style-type: none"> • Previous training did not prepare me for the role now. • No formal training before coming to present post. • Do not understand teaching and learning strategies in clinical practice. • Mentorship certification in some cases 12 years old. • How to teach in clinical practice. • Critical care concepts-lack of student understanding. • Student teaching-needs to be high standard. • Lack of understanding of factors affecting critical care patients. • Not happy with mentors role-but accepted it.
Mentors - Lack of Time	<ul style="list-style-type: none"> • One day is not enough to train as a mentor. • Lack of teaching time. • More time for study.

Table 4.3 Codes and sub-themes from Focus Group Number 2 (both sites)

Sub-theme	Coding
Issues related to existing mentorship training	<ul style="list-style-type: none"> • Teaching from own experience. • Not prepared for this role. • Training is not enough. • Insufficient understanding of the role. • No official training. • Different training backgrounds. • Update in new teaching methodology. •
Suggestions for improvement of mentorship training	<ul style="list-style-type: none"> • More educational strategies needed. • More preparation needed with outcomes for teaching. • Updates in teaching and learning skills. • More understanding of educational and teaching concepts.
Issue related to students in critical care placements	<ul style="list-style-type: none"> • Previous training did not prepare me for the role now. • No formal training before coming to present post. • Do not understand teaching and learning strategies in clinical practice. • Mentorship certification in some cases 12 years old. • How to teach in clinical practice. • Critical care concepts-lack of student understanding. • Student teaching-needs to be high standard. • Lack of understanding of factors affecting critical care patients. • Diploma nurses mentoring BSc nurses.
Mentors - Lack of Time	<ul style="list-style-type: none"> • One day is not enough to train as a mentor. • Not happy with mentors role-but accepted it. • Lack of teaching time. • More time for study.

4.2.2 Appreciative Inquiry Workshop 1 & 2

The two Appreciative Inquiry (AI) workshops were identical in both participating hospitals. This was to ensure that consistency in the way the data was collected from the mentors from both organizations. These workshops proved to be significant in the gathering of information regarding the participant's perceptions of the current mentorship training and how they would like it to be.

Lewis, Passmore and Cantore (2011, p. 47) suggested that "once small groups have reviewed at their tables the stories from 4-8 people, the task is to bring these together in some way to capture the wider themes in the room".

Lewis et al (2011) also noticed that when groups of people start to engage in conversation, on a specific common area can be founded on the belief that meaningful heartfelt outcomes can be the result. These processes can be the foundation for change within an organization. These changes can bring especially for mentorship training: new areas and heights of academic excellence that they thought would never exist. Lewis et al(2011) also looked at the importance of connection between people and this is underpinned by the assumption that connecting people can bring about world rather than relying on a small group of leaders to make changing decisions. This can be seen as changing the way in which mentors are trained in Bahrain by looking at new international guidelines (NMC 2015) and comparing them to what is happening here now. The AI workshops are the pathway to changing this and with the engagement and connection that could exist between current mentors, a community could evolve of mentors within Bahrain and beyond.

In my own AI workshops I grouped the mentors from twenty participants to four per group. This proved to be very resourceful in the information that they shared with other groups. Lewis et al (2011) indicated that the importance of these groups was that of identification of specific themes rather than the facilitator having their own set that they had thought about earlier. The themes were mapped and the significant similarities were revealed between the two participating hospitals.

All information from the workshops including; evaluation sheets, information from flip charts, group interviews and all other documentation was used as part of the data collection to enable all relevant information to be transcribed and brought into themes for thematic analysis.

The two-hour AI workshop was an opportunity for the clinical nurse mentors (CNMs) to share their knowledge and experiences on what they knew about mentoring students and what they wanted to know regarding teaching and learning strategies. It was also a chance for them to share experiences in educating 4th year undergraduate student nurses with critical care placements, providing a place where they could be heard as individuals and compare their experiences. It is a chance for informal talk on the way in which they teach undergraduate student nurses in clinical practice. AI gives the participants a chance to verbally show how their advanced practice experience and speciality training can assist in student learning.

The participants were asked to attend the AI workshop and engage in collaborative thinking throughout the two hour session. The AI concepts were explained by the use of a small power point presentation and any definitions discussed for the participants full understanding, with a question and answer session at the end of the presentation. This mentors who were attending the AI workshops were very open to the 4-D Cycle concepts and found that they were airing feelings and concerns regarding the future of the mentorship within the hospitals.

The need for dialogue and inquiry were emphasized while ensuring that the participants fully understood that a positive approach rather than that of a deficit approach was the pathway for action. All group work data, flip chart data and evaluative data were used as part of the data collection and thematic analysis, which was used to present themes and sub-themes.

The workshop was planned to include the two main hospitals in Bahrain, but the workshops were done over two separate days as it was too difficult to get all participants together at the one time due to work constraints and geographical distance. An evaluation form (See Appendix 10), was developed for the mentors to complete at the end of the workshop. This information would be included in the transcribing of the data from the group work activities from both hospital AI workshops and brought together for transcribing and analysis. The two workshop schedules were identical.

The aim was to discover what mentors knew about teaching and learning, dream what they can envision as teachers of learners in clinical practice, design how they want to construct their own learning and sustain their destiny in the learning field (Cockell & McArthur-Blair, 2012). The 4-D Cycle is based on the paradigm of discovery, dream, design, and destiny.

These 4 aspects of this cycle engaged the participants through interviews, storytelling and sharing of emergent themes (Cockell & McArthur-Blair, 2012). At first, apprehension was noted among some of the participants but after the first group discussion, which broke the ice, the second group took off and brought more issues to the workshop. The CNMs all were very enthusiastic regarding teaching and found that this workshop helped them to be able to understand the rationale for using the appreciative inquiry framework as a basis of getting out information and facing issues that were already experiencing.

The mentors were asked to present their finding by the means of a chosen representative from each of the four groups, presenting their findings from the 4-D Cycle Model. All post workshop evaluations and flip chart findings were used for data and were included in the transcribing for the data analysis of the AI workshops from both hospitals.

4.2.3 Findings from Appreciative Inquiry Workshop1: Hospital A and Hospital B

Transcribing was completed for the AI workshop 1 by using the collected data which included the individual evaluations, group work and the flip chart narrative findings. The transcribing was done then presented in a table format to enable me to produce themes and sub-themes. The thematic analysis produced a total of thirty four themes and ten sub themes (See Table 4.3 & 4.4).

“I felt that the AI workshop gave us a chance to tell the university about our own experience and how we could do better”, Carol Hospital B.

“The workshop was good as it helped us to say exactly what we as clinical nurse mentors needed to learn about teaching in clinical practice”, James, Hospital A, AI Workshop 1.

This reflects the work of Clarke, Killeavy and Moloney (2013) who investigated mentors roles as having the requirements of not only understanding of the practical knowledge of teaching but also to have the ability to link between the reality of theory based learning and practical training.

“I have not mentored before so this workshop helped me to understand what is expected from me and how to use what experience I already have”, Jayne, Hospital A.

Mentors provide much support and guidance to student nurses (Peate, 2016). Experience can be an asset to a mentor as this helps in providing much needed guidance in clinical practice areas.

4.3.5 Discovery Phase

During this first workshop the discovery phase of AI was conducted to discover what the CNMs already knew about teaching and whether they engaged in teaching students prior to coming to Bahrain. The key issues that emerged from this first session were reflected in the following CNM's quotations.

“I need to be able to understand the level of training of the 4th year nursing students as I have not mentored before and feel that the one day session for mentorship training is not enough for my needs to be able to train and mentor the nursing students in critical care areas. I have a lot of experience in critical care but have not completed a specialization course in the area. But if I was guided in teaching it would benefit me a lot”, Pauline, Hospital A.

“Preparation for a mentorship role needs time and as a nurse for the last 10 years I feel that I can teach, but need some formal training to fully understand the concept of teaching and learning outside the classroom in clinical practice, as it is not the same. I have taught before but feel that we as clinical nurse mentors need more training”, Gillian, Hospital B.

The Nursing and Midwifery Council (NMC, 2015) considers and also highlighted the fact that safe and efficient preparation for future registration is in the hands of the educators and the clinical nurse mentors and have to assist the nursing student to meet essential skills before they qualify.

“We need to be able to update our knowledge on teaching as some of us do not understand the meaning apart from what they do in the university classrooms. We need to be able to do it within clinical practice and now the theory is very important to this issue. For my role and preparation as a mentor, I feel that we need more time as I did not study mentorship before coming to Bahrain and this is the first time for me to do this. I have no certificate in mentorship training” James, Hospital B.

This is reflected in the work of Schatz-Oppenhimer (2017) in which she considered the conceptions of mentorship prior to doing a mentorship training course. Schatz-Oppenhimer (2017) pledged that mentors feel that they needed to acquire predefined skills to help them to carry out mentoring in the future and it was noted that the mentors had to look for personal development as well as long range training.

“The role of mentorship is important to training nursing students and preparing them for their work in the hospital after graduation. Critical thinking is important so we need to teach them this skill. To do this we need to have more time and our training should be formal with a stamped certificate with yearly updates. This is how they do it in the United Kingdom, I also have a Bachelor of Science in nursing but no mentorship training before coming to Bahrain, so this is first time for this role for me”,
May, Hospital B.

In a study by Bagnasco, Timmins, de Vries, Bressan, Bianchi and Sasso (2018) in a study done in Italy involving Italian nursing students views on developing professional identity in clinical practice has provided and insight into aspects of contemporary nurse education and practice. Bagnasco et al (2018) also looked at rethinking the clinical teaching roles and formal mentorship system which is currently in use in Italy. This reflects on how educators in the university involved in this study to be aware of the role of the mentor and be able to equip them with the skills that will assist in reflecting the role of mentor as being a future practitioner in education.

“Clinical areas need specialist training and as mentors we need to be trained for this role. Sorry if I am speaking for all of us but I feel that the training for this role is not sufficient. Some trained nurses are Bachelor of Science and some are only Diploma holders with no mentorship training before coming to Bahrain. Teaching in clinical practice needs to be understood properly and awareness of how to teach nursing students is a priority in this case. The students are doing a degree so they should not be taught by diploma nurse mentors. We as clinical nurse mentors need to study teaching and learning to be able to teach properly in specialist areas. We have the clinical knowledge but are lacking teaching skills formally. This is an important issue in our role”, Michelle, Hospital B.

Both workshops involved the use of the 4-D Cycle from the appreciative inquiry framework and let the students discuss in groups of four how they felt they were doing with their mentorship of the 4th year students in critical care areas and did they think that they themselves were progressing as teachers. They worked through the 4-D cycle and discussed what they wanted to do as mentors and what they dreamt of being. Tables 4.4 and 4.5 provide insight into the codes and sub-themes that emerged.

Table 4.4 Coding and sub-themes from Appreciative Inquiry Workshop Number 1 (Both sites)

Sub-theme	Coding
Issues related to existing mentorship training	<ul style="list-style-type: none"> • Too much emphasis on paperwork • Lack of input regarding teaching, learning and assessment strategies – especially for those who are new to mentorship
Suggestions for improvement of mentorship training	<ul style="list-style-type: none"> • More study days focusing on learning, teaching and assessment strategies • Incentives • University lecturers visit clinical area • Mandatory updates • Provide certification of mentorship • Textbooks in clinical practice
Issue related to students in critical care placements	<ul style="list-style-type: none"> • Some have a low level of English • Theory – practice gap evident • Generally, have low competency in ICU practices • Require more specific ICU training in the University especially in simulation lab. • More in university assessment protocols. • Bridging the gap between general and specialist training.
Mentors - Lack of Time	<ul style="list-style-type: none"> • Improve time management skills • Often overloaded with students • Lack of mentors in ICU placements • Need more time to reflect on experiences
Mentorship motivation	<ul style="list-style-type: none"> • More incentive to teach. • Financial incentive • Only paid for 2 hours and have students for 8 hours. • Not mentored before. • Need more hands-on training

Table 4.5 Codes and sub-themes from Appreciative Inquiry Workshop Number 2 (both sites)

Sub-theme	Coding
Issues related to existing mentorship training	<ul style="list-style-type: none"> • Too much emphasis on paperwork • Lack of input regarding teaching, learning and assessment strategies – especially for those who are new to mentorship
Suggestions for improvement of mentorship training	<ul style="list-style-type: none"> • More study days focusing on learning, teaching and assessment strategies • Incentives • University lecturers visit clinical area • Mandatory updates • Provide certification of mentorship • Textbooks in clinical practice
Issue related to students in critical care placements	<ul style="list-style-type: none"> • Some have a low level of English • Theory – practice gap evident • Generally have low competency in ICU practices • Require more specific ICU training in the University especially in simulation lab.
Mentors - Lack of Time	<ul style="list-style-type: none"> • Improve time management skills • Often overloaded with students • Lack of mentors in ICU placements • Need more time to reflect on experiences

In the first instance the clinical nurse mentors want to be fully certified in what they are doing. This would give them a sense of achievement. To be certified in mentorship training the hospital based mentors need to be trained in a specific way in order for the certificate to be valid.

According to the Royal College of Nursing (RCN) (2015) in the United Kingdom: An RCN Toolkit (2007, Reviewed in 2009), “The NMC standard defines a mentor as being a registrant who has successfully completed an accredited mentor preparation programme from an approved HEI. The NMC standard also states that registrants holding a teaching or comparable qualification”.

At present it was explained to the clinical nurse mentors that this accreditation was not yet available in Bahrain but could be discussed through the universities clinical nurse teaching committee if something else could be arranged for the purpose of a portfolio certificate of attendance to be issued once the mentorship training was completed. The following quotes reflect these sentiments:

“Too much paperwork done at the university mentorship day. I would prefer this day to be focused on teaching strategies and delivery of critical care procedures to patients”, Ann, Hospital A.

“When we come to the university we need to be treated as we are going to be teachers and focus should be on how we teach student nurses”, Susan, Hospital A.

Through the written comments on the flip chart, the clinical nurse mentors revealed that a large number were concerned that they spent a lot of time on paperwork on the mentorship study day. They felt that they were inadequately prepared for the mentorship ship role. This was due to many conflicting factors. These included: not having had any mentorship training previously either at undergraduate or post graduate level. This information came from participants from India and the Philippines who stated that were they do not, in their country, concentrate on mentorship of undergraduate nursing students.

“I would like to be able to teach more and need to practice. I have not mentored before coming to Bahrain”, Susan, Hospital A.

“I have not mentored before coming to Bahrain so need to have a full training course on teaching skills and actions”, Susan, Hospital A.

“I had no mentorship training before coming to Bahrain therefore I would need at least 5 days training as this is the international standard for mentorship training, I think”, Jayne, focus group Hospital A.

“Students come to clinical placement not prepared so we as mentors need to have the skills to turn this around. We don’t have these skills. I have no mentorship training before Bahrain”, Maeve, Hospital A.

Some nurses were unhappy that they held only a diploma and not a BSc Degree in nursing, and feared that this may be difficult when they came to 4th year undergraduate nursing trainees in their units as they need to be able to understand some research activities. They felt that their research experience was limited and that they were not able to assist the undergraduate students with their university assignments. An example of this from one clinical nurse mentor was that of the systemic review assignment, where the student may ask for advice and they felt they were unable to give it.

“Clinical areas need specialist training us as mentors need to be trained for this role. Training is not sufficient for this role as some nurses are diploma and some are BSc and most Asian nurses have had no mentorship training at all”, Michelle, Hospital B.

“We as mentors need to be able to update our knowledge on teaching and learning as some of us do not understand the meaning apart from they use it within the university”, Pauline, Hospital B.

“Training needs to be more in the university regarding intensive care procedures”, Jayne, Hospital A, Page 4.

“More interaction in clinical skills in university with students”, Helen, Hospital B.

Many of the clinical nurse mentors felt that their teaching and learning skills were inadequate in that they felt they could teach practical skills adequately but did not have the teaching and learning skills that were appropriate enough to follow the teaching from the theory to practical.

“Students need extensive training in critical care areas and come without the basic experience”, Helen, Hospital B.

“Some nursing students have not enough clinical practice in the simulation laboratory within the university, therefore their competencies take longer to complete, also some students come with very little practice skills” Vicky, Hospital B.

According to the WHO Nurse Educator Core Competencies (2016) the task of maintaining and improving the competencies of nurse educators has the requirement of shifting expectations from student nurses and this involves the mentors being able to keep up with new technologies and new information.

The RCN (2007) described a mentor as having to have the requirements to offer the student support and guidance in the practice area. This is what the clinical nurse mentors understand as their role as was versed in the appreciative inquiry group work and discussion. The teaching and learning concept throughout the appreciative inquiry workshop was dominant among the participants.

The 4-D Cycle of appreciative inquiry was the framework for the workshop hence the phases were developed throughout the allocated time. Themes from the initial appreciative inquiry workshops were similar although one group mentioned mentorship training before coming to Bahrain was not done, even as part of their training as registered general nurses. This was from India and the Philippines where they do not concentrate on, according to the clinical nurse mentors in this category, mentorship of undergraduate nursing students. Ten themes were highlighted and extracted from the appreciative inquiry workshop number 1.

4.3.5 Appreciative Inquiry Workshop 2

This AI workshop took place around five weeks after the initial AI workshop 1. The CNM's who attended the first session were the same to attend the second session. They were enthusiastic regarding their opinions and feelings regarding the mentorship of the students. Once the CNM's settled into the mode of the workshop we started to discuss feelings and experiences regarding the differences from AI workshop 1 to AI workshop 2. The results of the data collected via the AI workshop 2 were transcribed onto a table and coded accordingly, (See Table 4.4).

The CNM's felt that because of the pathway of AI and the 4-D Cycle, they gained more understanding in their attitudes and behaviours towards UNS's. They were comparing notes from one another on the difference between the initial mentorship training in the university before 2011. This led to a discussion on how the approach to teaching skills was done at that time. The CNM's started to compare the different ways in which they were prepared for their roles from the university now and how the actual training content has changed since 2011.

4.3.6 Focus Group 3

During this focus group it was noted from the mentors were happy with the progress of the data collection process and felt that the change of mentorship training was imminent. They suggested that the need for certification and regular teaching updates would assist in the process during the question sessions. The responses were recorded and guided by my research questions which acted as a prompt for their opinions and suggestions.

“What students learn from clinical practice setting will be the core of their nursing practice in the future. So I feel really responsible for building the future nurses. But students attitudes also counts in teaching and learning processes”, Susan, Hospital A.

“Yes attending once a year will be refreshment and updating”, Susan, Hospital A.

Tiew, Koh, Creedy, and Tam (2017) noted that in Singapore the term mentor is used to “describe the process of providing structured support to new graduates”. They also noted that they do not necessarily have to have a formal teaching qualification, however as can be seen below participants in my study believed that a formal qualification would be advantageous.

“An accredited certificate would be appreciable”, Helen, Hospital B.

“Yes of course, we need refreshment course”, Helen, Hospital B.

“Yes’ it benefits in professional development and to justify the role ... Updates are really required”, Mellie, Hospital B.

“Formal certification is needed “Yes I would attend a formal course for an update once a year”, Peter, Hospital A.

“Yes a formal course certificate would also help us with professional development”, Tess, Hospital B.

“A certificate would aid future purposes and endeavours”, Ann-Marie, Hospital A.

“Yes a formal more formalized course would help us in the future roles”, Vicky, Hospital B.

“Yes a certificate would be great but we need more days for study”, Carol, AI Workshop, Hospital B.

These participants views reflect the World Health Organization’s (WHO), (2016) who considered that core competencies for nurse educators mentoring undergraduate and post graduate nursing students within the clinical practice area are important part of the learning curve. The World Health Organisation assert that mentors with these core competencies facilitate high quality education and the development of skilled nurses.

Now that the reader has insight into how the unfolding story was gathered, what follows is the presentation and discussion of the three overall themes and subthemes.

4.4 Theme 1-Learning to Teach

The first theme to emerge from the data analysis was the mentors' perceived lack of teaching skills. It became evident that this was the most dominant factor throughout the AI workshops and the focus groups. Theme 1 was made up of a number of different sub-themes as illustrated in Diagram 4.1 below.

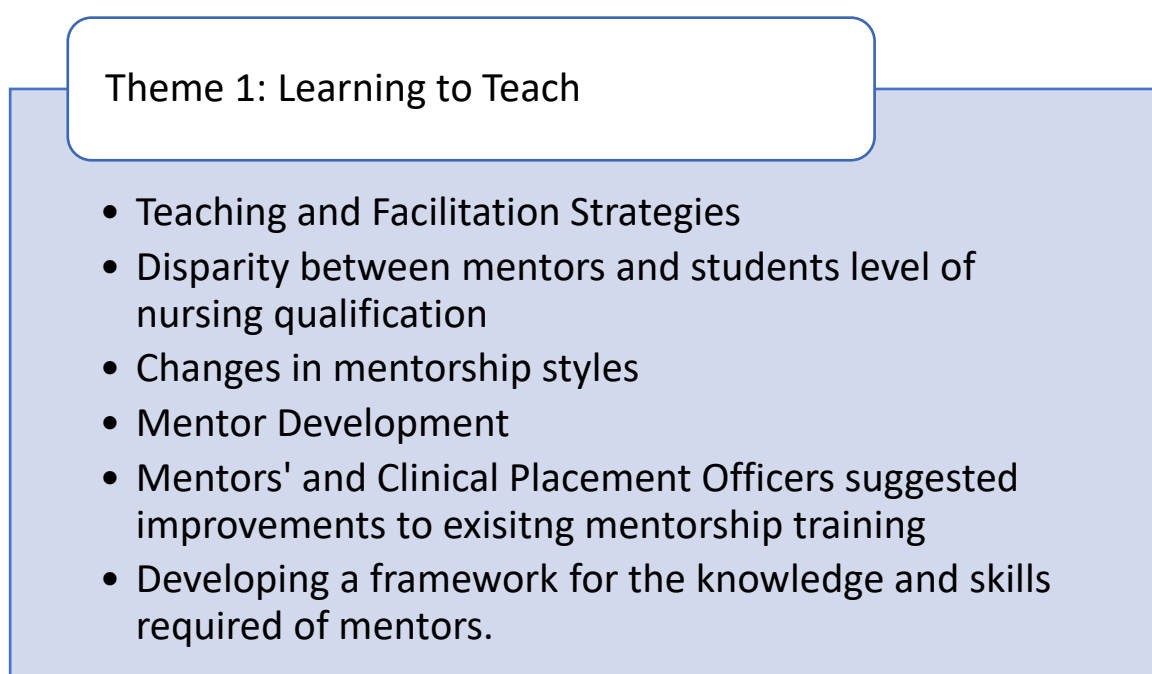


Diagram 4.1: Theme 1 Learning to Teach

The CNMs felt that learning to teach was very important, particularly in the progression of the UNS at the 4th year stage in their training. The CNM's from both of the major hospitals included in the study had similar reactions with their feelings regarding this concept.

Teaching critical thinking is also a major concept in nursing year 4 as they will be graduating at the end of the semester. This is an issue in today's clinical practice where students are expected to be critical thinkers. As Race and Skees (2010, p. 165) noted in the face of change in clinical practice that, "before and organization tries to create a culture of mentoring, they must first understand the challenges nurses face on a day-to-day basis".

"The role of the mentor is to teach the students as well as making them critically think about issues. I need to be updated on latest ways of teaching as well as being able to get the student interested in what they are doing. Need to be more formal in the training not just form filling", Tess, Hospital B.

"I felt that I did a good training as a mentor 10 years ago in the university, it was 10 years ago and they taught us to teach a skill. It was also over two days with no paperwork, that was always done on the clinical orientation day separately", Mellie Hospital A.

"I feel that the need for the training to be increased to 3 days is important because the BSc nursing students need more time. They need to understand the concept of critical care areas therefore the mentor training is important. Personally I do not think we are properly prepared well; some of us anyway", May, Hospital B.

"I feel that I am prepared for the role as trained in the United Kingdom so I graduated with a mentorship training certificate. However I need to be updated regularly with any new ways of teaching. Training for mentorship in Bahrain is not good and they do not seem to realise this. Maybe due to financial issues, I don't know but I do know I need to be updated", Kate, Hospital B.

“Encouraging critical thinking skills and getting the student to give good quality patient care”, Susan, Hospital A.

These comments reflect the work of Eller, Lev and Feurer (2014) who identified some key components of an effective mentorship relationship, including that of; open communication, being accessible to student nurses, exchanging knowledge, mutual respect and trust, be passionate about teaching, having a caring professional relationship and being a good role model.

4.4.1 Teaching and Facilitation Strategies

The RCN (2017) specifies that a mentor is responsible to facilitate the development and learning of undergraduate student nurses, as well as supporting and providing guidance to students in the practice area and to act as a role model, instilling professional values, behaviours and professional integrity.. They are also responsible for translating the theoretical concept of the training from the university to the practical concept within the clinical area. Having teaching strategies as part of a mentorship study day is crucial in carrying out this role. In the last few years, during regular university debriefing sessions, clinical placement officers have consistently asked for changes to be made to the university’s mentorship training study day. This was also voiced during the AI workshops.

“My role as mentor is prepared from the university after one day of training and this day is usually filling in forms and signing contracts for the role. Not enough time spent preparing us for this role. I need it as I did not mentor before. In my training we did not give any focus on mentorship training”, Sally, Hospital B.

“Mentor roles need preparation and training. We are trained in the university for one day. Some countries train for this role for longer, like in United Kingdom they have 5 days training and a professional certificate at the end. I feel we need to be trained properly as the students are BSc and most of us are diploma so we do not want to look stupid in front of our students”, Jayne, Hospital A.

The importance of developing teaching strategies in mentorship roles is a must for the continuous learning of an undergraduate student nurse. Having a strategic plan of action can help to develop a long term learning processes that will keep the student motivated and want to learn new skills. Being able to share best practice strategies with students will develop them into long term learners. Therefore developing the mentors as educators in clinical practice will be an investment from within the clinical area where learning is on-going. The AI workshops also heard what the mentors voiced in what they needed to be CNM's;

“As a mentor I am not happy being put in a position of a teacher where a learner has to depend on me without proper training in this field. I feel that one day is okay but more educational strategies needed. I was never trained officially in mentorship so it was new to me when I came to Bahrain”, Jane, Hospital A.

“I am prepared to undertake the role of mentor but trained a while ago and have never looked at teaching and learning as a subject before”, Maeve, Hospital A.

“Teaching as a strategy needs to be planned and to do this we need proper training and preparation”, Jane, Hospital A.

The above quotations chime with being able to follow a structure that is equivalent to an international guideline, such as that proposed by the RCN (2016).

It could assist the training hospitals in this study with the tools that are needed to develop a mentorship network that can produce and sustain good knowledge centred clinical training for the undergraduate nursing students. Teaching the mentors advances their learning skills as well as helping them to understand the role of CNM. All learning starts with the actual learner's (mentors) existing knowledge, which is the expertise that they have already (Taylor & Hamdy, 2013). This is our aim in Bahrain as some of the expatriate staff nurses have been in their current positions for a number of years with no updates on clinical teaching skills. Updating staff nurses on new innovative ideas in clinical teaching is important for the progression of the organization as a centre of excellence, while increasing the quality of patient care and positive patient outcomes.

The RCN (2015) explored how a mentor is responsible to facilitate the development and learning of an undergraduate student nurse. Having teaching strategies as part of a mentorship study day(s) is therefore crucial in carrying out this role. Mentors in my study agreed as is illustrated in the evaluation form after the AI workshops:

“Our role in mentoring undergraduate nursing is crucial in the preparation for the nurses’ graduation as they are 4th year nursing students. They will be coming back to us for hospital employment after the graduate. So this means that training is important. Teaching skills is a must for this”, Gillian, Hospital B.

“The concept of teaching and learning unless you have done a mentorship or education course will be vague to some people that do not work in a university”, May, Hospital B.

“To be able to teach and educate the student to a high standard that will prepare him/her for the clinical area”, Jayne, Hospital A.

The above participants' contributions reinforce the work of McCarthy and Murphy (2008) and Elcock (2014 as discussed in the literature review.

4.4.2 Disparity between Mentors' and Students level of nursing qualification

Another issue voiced by many of the mentors was that of level of nurse training that they actually had compared to that of the students they are expected mentor. The following was voiced during the AI workshops:

"If we had a Bachelor of Science (BSc) as I don't, I only have a diploma, I would be happy to teach students but at present they are in 4th year and I feel I do not have the ability to do this", Sally, Hospital A.

According to the NMC (2015) mentors, practice teachers and teachers must hold professional qualifications that are equal to the student to whom they support in their clinical learning experience and will be assessing in the future. In Bahrain is not the case. We have mentors who have either a Diploma or certificate in nursing as some of the qualified staff have been here for many years with no updating to degree status.

"I graduated with a certificate in mentoring but only hold a diploma in nursing therefore I should not be mentoring BSc students, according to the RCN in UK, but for flexibility I do understand what teaching and learning is and will teach 2nd and 3rd year undergraduate nursing students. But nursing year 4 students need to be mentored by BSc graduates as the 4th year contains research which at diploma level is difficult", Kate, Hospital A.

"I feel as a diploma holder I should not be mentoring BSc nursing students in 4th year but 2nd and 3rd year is okay", Jane, Hospital A.

“I feel we as mentors need to be trained properly as the students are studying for BSc and most of us are diploma holders, so we do not want to look stupid in front of our students”, Gillian, Hospital B.

Participants were concerned about their educational status and that by not having a degree they felt inferior to that of a BSc student especially in 4th year where they are expected to undertake more researched academic assignments. This was particularly evident in the reaction to not having a BSc. If these mentors wanted to upgrade their diploma to degree, the facilitation for this is available in Bahrain on a part time basis, but is very expensive for expatriate employees and because they are not Bahraini nationals the participating hospitals will not fund them.

So subsequently we have to deal with this issue of having a majority of diploma and certificate holders in nursing as mentors of the undergraduate BSc nursing students.

As Needham et al. (2016, p.132) explains that the, “variability in their educational qualifications and preparation for the role indicates a crucial and timely need to investigate facilitators’ perspectives on the role as it exists and their understanding of the requisite education, support and performance needs that would help them undertake the role at a ‘best practice’ level”.

4.4.3 Changes in Mentorship Styles

As outlined in the introduction, mentorship styles may have changed since the amalgamation of hospital based nursing schools to that of university based learning. This however has brought with it the issue of clinical mentors having the background to be able to teach these undergraduate nursing students in clinical practice.

The need for mentors who are supervising and teaching the undergraduate nursing students to the appropriate academic standard require understanding, and what exactly they need is crucial for their progression through the nursing degree to registration.

Clinical practice is a major part of the constructivist learning of a nursing student and this is based on the belief that learning occurs as the learners are actively involved in a process of meaning and knowledge which is constructed from clinical practice compared to that of passively receiving information. As Gray (2014) indicates when looking at constructivist theories; andragogy fits in well with constructivism and is essentially derived from psychological concepts and can explain where people acquire knowledge and in how they learn. Being constructive in learning needs to be supervised with evidence based practice along with best practice advice and this is encouraged to all mentors.

Continuous Professional Development (CPD) in nursing is mandatory in Bahrain as well as in the UK for the renewal of license and for registration; mentors should be able to demonstrate clinical decision-making abilities, enabling students to learn and to justify this task in their own practice while taking the responsibility for their actions (NMC, 2015). The concept of learning comes from experience (Gray, 2014). This is why the mentorship training in clinical practice is an important concept in this type of experiential learning. Mentors should be able to understand the different types of learning styles that exist as this understanding can contribute to how the particular student learns in clinical practice areas.

The four learning styles are as follows: Activists, who get involved without prior thinking beforehand and are enthusiastic about certain opportunities that can occur. Pragmatists are typically like activists and enjoy being active in their own learning and can also be focused on practical activities, but they can also be so focused that they lose sight of an important aspect of patient care.

Theorists; can favour reasoning and logics but prefer to understand the evidence prior to an undertaking of a practical activity; they can however be more likely to ask questions that the mentor could find rather challenging. Reflectors; are individuals who are measured by their actual approach and prefer to have time to think about a task before performing it (Gray, 2014). These aspects of the learning styles are an important part in a clinical nurse mentor understanding of how a student learns and performs in the clinical area. Students have different approaches to learning and clinical nurse mentors, should be able to understand these different ways of learning so that they can tailor their teaching accordingly (Gray, 2014).

4.4.4 Mentorship Development

Duffy, McCallum and McGuinness (2016) in their issues for debate paper, argued that provisions made within a development framework in relation to the stage 1 registrants' role in supporting students within practice settings has yet to be realised. They explained how the term "stage 1 mentor" was not fully recognised and the requirements of the role were not fully understood within the nursing profession. Stage 1 registrant is the term used within the standards to support learning and assessment in practice by the NMC (2008) and Duffy et al. (2016). They specified how stage 1 registrants have to apply their knowledge and skills within their own practice. The outcomes were specified as being: establishing effective working relationships, facilitation of learning, assessment and accountability, evaluation of learning, creating an environment for learning, context of practice and implementing evidence based practice. These outcomes underline the role of the stage 1 registrants and also involve supporting and contributing to the assessment of students who are either undertaking NMC approved programs that will lead to registration, or a qualification that is recordable on the register.

They discussed the issue on who 'should nurses be mentors' and contemplates the need for these stage 1 (novice) nurses to be mentors in waiting rather than fully pledged mentors. The paper concludes with the need to support the full potential of these nurses contribution to students' learning and assessment in clinical practice. Evidence existed on how mentors were struggling to fulfil their roles due to the inadequate support from their organizations and the lack of time has an impact on the way in which their mentorship skills are implemented (Duffy et al. 2016).

Here in Bahrain, the mentors are solely dependent on the training university to provide mentorship study days that will prepare them for their role. The study days are seen as the way in which the CM's can add to their existing knowledge and prepare for the UNS clinical placements. The CNM's report that they gained from witnessing the students' evidence-based practice training that is given to them in the university. The CNMs' comments reflect the findings of Rylance, Barret, Sixsmith and Ward (2017). Rylance et al. (2017) in a qualitative study investigated how mentors view their relationship with a student nurse, which was completed using an evaluative questionnaire by the participants over a nine-month period. Mentors who attended a mentoring update workshop were asked to comment on what was the best and the worst aspects of their mentoring role. The narrative data were analysed using a qualitative analytic tool and organised into key themes around the student and mentor relationship. Rylance et al. (2017) identified what was broadly accepted that a good mentor could satisfy a wide range of competencies. Results showed that the nurse mentors gained a significant amount of satisfaction from their mentoring role and found that the knowledge exchange was an also advantageous to their current role. They did however find that some students were disinterested in their placement or learning experience which caused frustration to the mentor.

4.4.5 Mentor and Clinical Placement Officers suggested improvements to existing mentorship training

Within the university at the centre of my study, the structure of the mentorship study day has been re-organized several times during the past nine years. The mentorship study day was previously a two day workshop which looked at the concepts of teaching skills. Less time was spent on the clinical practice paperwork that the students and mentors have to be able to complete when in clinic areas. This latter task was done one week before with the mentors in the clinical area and before the nursing students left the University for their Critical Care Placement. It was also followed up during the nursing student's clinical orientation day before their commencement date. The mentorship workshop changed from two days to one day four years ago due to resource and budget constraints and management issues within the university.

Changes to the current mentorship study day have been requested many times by the clinical placement officers (CPOs) during university de-briefings. These requests come directly from mentors who have direct contact with the CPOs who attend all the school of nursing meetings once a month. These requests from both hospital sites are similar, with CNMs requesting more time during the study day dedicated to being taught how to teach and prepare for teaching practical skills. This was also highlighted many times during the appreciative inquiry workshops and the focus groups sessions, in both the participating hospitals. The participants' requests for a longer mentorship training programme is reflected in the NMC's (2015) requirement for UK Higher Education Institutions to provide a mentorship programme of "a minimum of 10 days, of which at least five days are protected learning time" (p38). To date, these specific requests have not been addressed by the concerned university causing some issues in the teaching of the university UGNs, which in turn causes concern to the clinical placement officers in the training hospitals.

4.4.6 Defining a Framework for Knowledge and Skills required of Mentors

The Nursing & Midwifery Council (NMC) United Kingdom (2017), indicated in their standards for mentors, practice teachers and teachers, that their framework defines and describes that the knowledge and skills that nurses and midwives need in clinical practice in order to support and assess students undertaking NMC approved programmes that will eventually lead them to registration or an equivalent recordable qualification on the register. These standards cover all aspects of nursing that is mandatory in teaching roles within clinical practice. In the UK, mentors were required to complete an NMC approved program from September 2007. They are entitled to make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice that will help them get entry to the NMC register. The updated reviewed standard for the NMC (2015) indicates that the mentorship training guidelines have to be adhered to ensure standards to support nursing student assessment in clinical practice, which follows the standard for outcomes for mentors, practice teachers and teachers and takes the form as a development framework which defines knowledge, and skills needed in clinical practice.

There is no registered mentorship program in Bahrain that is approved by the licensing body; National Health Regulatory Authority (NHRA). At present mentorship in Bahrain is an informal study day with no certification and no formal teacher practice training. The participants in my study were concerned that their training was not adequate for purpose and those particular mentors would prefer more in-depth coverage of how to teach in the clinical areas and obtain formal certification of a recognised mentorship course. This was echoed throughout the two participating hospital focus groups where the clinical nurse mentors were given the chance to voice their opinions and concerns. They voiced feelings during the focus groups on how from their own experience while using the time to also learn from others' positive and negative comments regarding the training process within the university.

A few of the participants were trained in mentorship from 2006-2010 where the training was a set specific two day workshop, in which the focus was on how to teach in the clinical area, as well as focusing also on teaching strategies. Subsequently this then changed to a one day workshop in which a good part of the time was spent with contract signing and explaining how to complete the nursing students paperwork.

“I feel that the need for the training to be increased to 3 days is important because of the BSc students needing more time. They need to understand critical thinking in critical care areas therefore mentor training is important. Personally I do not think we are properly prepared, well some of us anyway”, Carol, Hospital B.

“As a mentor I am not happy being put in a position of a teacher where a learner has to depend on me without the proper training in this field. I feel that one days training is okay but more educational strategies needed. I was never trained officially in mentorship so it was new to me when I came to Bahrain”, Peter, Hospital A.

“I am prepared for this role through the university and feel that one day is not enough training for this role of mentor in critical care. I have no training before coming to Bahrain so this is the first time for me to do this. I need more training in teaching to be able to understand what undergraduate nursing students want professionally”, Pauline, Hospital B.

“Teaching as a strategy needs to be planned and to do this we need proper training and preparation”, Peter, Hospital A.

“Because this is 4th year undergraduate student nurses I feel that is a big responsibility especially in the critical care areas. This is a specialty therefore for me it’s a big responsibility and training formally is important to me for it”, Susan, Hospital A.

The above comments align with the UK Nursing & Midwifery Council (NMC) (2017) who indicated in their 'education framework', there should be support and oversight of all clinical nursing practice where supervision is given to ensure good quality student learning, and the educational institution should provide the clinical training environment with different roles for specific aspects of the student nurse training which includes: practice supervisors, practice assessors, and academic assessors. These specific roles within the UK healthcare learning environments may not be possible here in Bahrain due to a lack of manpower and expertise. The educational institution does not provide the training hospital with anyone to oversee the UNS's in their practical clinical experience. They do however have faculty visiting the hospitals twice within the clinical placement period. This is to follow up UNS in the clinical environment and deal with pending issues along with the clinical placement officer.

Jakubik, Eliades, Weese and Huth (2016) as part of a series of mentoring and tutoring papers, explored different aspects of mentoring strategies to help mentors in clinical practice look at how undergraduate nursing students are welcomed into the clinical areas. The series of papers explored the first mentoring practice and mentoring benefit, including practice application by examples of mentoring activities and case scenarios, welcoming a student into the clinical area helps them become part of the workplace. The essence of this activity helps the student to know and value their part in the workplace, Jakubik et al., (2016) discussed the different aspects and concepts of welcoming the UNS's and how this activity could assist them throughout the clinical placement, and concluded that welcoming has shown the importance of the clinical placement and how this activity has an impact on employee motivation and satisfaction.

In Bahrain the pathway in which mentors are trained needs to be re-structured to include how to deal with the new clinical placement nursing students. The structure of the educational organizations training for mentorship should include these concepts. The following quotes are illustrative of this:

“No planned training strategies taught at the mentorship study day, we need to look at how we can plan activities for the orientation”, Ann, Hospital A.

“More strategic training at the beginning of the mentorship role”, Carol, Hospital A.

The NMC (2015, p. 31) specifies as the competencies of a teacher as being that of, “create an environment for learning, where practice is valued and developed, that provides appropriate professional and inter-professional learning opportunities and support for learning to maximize achievement for individuals”.

4.5 Theme 2 Assessing Nursing Students in Clinical Practice

Continuous assessment enables mentors in the clinical setting to assess a student nurse’s ability and level of competence in clinical practice (Vinales, 2015). Clinical assessment of nursing students within the hospital environment can be a daunting experience for the mentor who has not had sufficient training in decision making, clinical teaching and management. Mikkonen, Elo, Tuimikoski and Kääriäinen (2016) indicated that the general characteristics of effective clinical mentorship can be defined by healthcare students as being that of knowledge, clinical judgment, good interpersonal relationship, along with strong evaluation, teaching abilities and nursing competencies. These concepts have to be all evaluated within the nursing students clinical placements, therefore the importance of good mentorship training can be seen as the grounding for good and sound mentorship skills. Mikkonen et al., (2016), found through their systematic literature review, that a positive mentor within the clinical area can enhance student learning and can also improve the experience of students and mentors alike.

This second theme comprised four categories as indicated in Diagram 4.2 below.

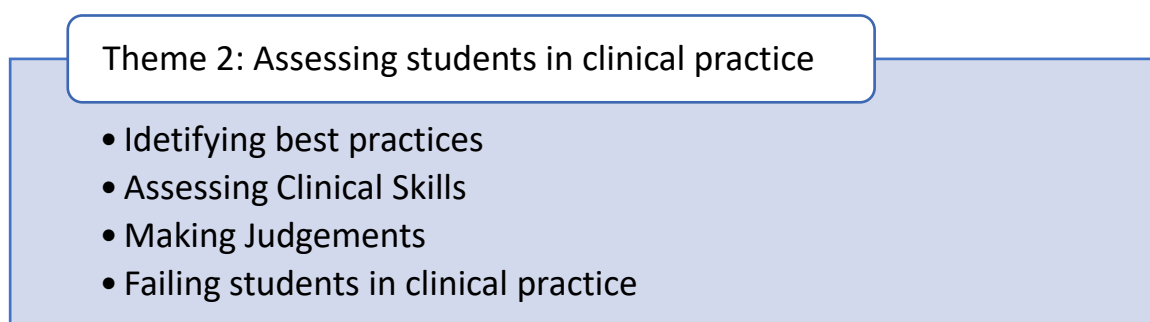


Diagram 4.2 Theme 2 and its categories

4.5.1 Identifying Best Practice

In an Australian interpretative case study, Needham et al. (2016) conducted a focus group followed by individual interviews with the aim of capturing what clinical facilitators identified as best practice. Needham et al. defined clinical facilitators as experienced registered nurses who take on the role as a clinical facilitator, clinical supervisor or clinical teacher. Whilst these terms mean something different in the UK, from reading their work it is evident that the researchers were focusing on experienced mentors. At the start of the focus group interview, 11 clinical facilitators were asked to create a concept map and discuss what they considered best practice in the role of a clinical facilitator. The focus group was followed up 5-6 weeks later with six individual interviews. Data were analysed thematically using a constant comparative method. Three themes emerged as best practice: assessing; learning to facilitate and facilitating effectively.

Findings from the data collected in my study, on clinical assessment showed that the similarities between the two participating hospitals could significantly have an influence in how mentors were trained initially before entering the mentorship register.

“We need to be able to assess nursing students properly in the clinical area especially critical care”, Kate, Hospital B.

“More time to teach in clinical practice, we are not trained as clinical teachers”, Hospital B.

“Students level of procedure competencies are very low; we need more time to assess them”, Maeve, Hospital A.

The two training hospitals at the centre of my study, showed remarkable similarities in how existing mentors were relating their experiences with nursing student's competencies on clinical procedures. It was felt that this aspect of the training was rather weak. The clinical competencies of students in clinical areas in Bahrain are becoming a subject that is being questioned within the training hospitals. The students receive only one hour on average per week, over five weeks on clinical simulation in critical care areas. Anecdotally, this is proving to be insufficient when entering the critical care areas. The mentors have the task of teaching and assessing the nursing students critical care competencies to reach a goal of proficiency in each task. It is an area that has been under researched here in Bahrain therefore no framework has been developed for this task before. The university depends on the mentors to provide the intensive training on clinical critical care competencies. According to Gray (2014, p. 105) “Assessment of practice is crucial to ensure that practitioners are safe to practice, so that they are able to provide effective and competent professional practice”.

It was highlighted within the two teaching hospitals (Hospital A & Hospital B), that the similarity in the mentors emotions regarding having to deal with a student who is not progressing was evident in the data shared with me.

“We need to deal with issues that are evident when a student is struggling with clinical placement practice, they can also have behavioural issues with many of the students facing social problems as well. We are not trained to deal with these issues”, James, Hospital A.

“As a mentor I need to be able to counsel and advise the students if needed”, Maeve, Hospital B.

This finding is consistent with the Clinical Placement Officers (CPO) communication through the School of Nursing Academic Committee (SNAC) meetings, where as part of the agenda clinical placement issues were referred to as being inadequate for the status of the undergraduate nursing student's requirements. The CPO's from both training hospitals have communicated that dramatic changes are required to the current mentorship study day. The suggestions come from the mentor's evaluation and were documented in their annual reports from clinical placement areas. They themselves feel that they need further training with a formal certification. The following quote illustrates this:

“Involving students in bedside clinical practice needs to be implemented more and giving assignments about real case studies and medications is needed. Assessing students in these tasks is essential in the training”, Susan, Hospital A, Graduate Staff Nurse.

Simulation could be the answer to this statement and Coram (2016. p. 385) states that “simulation can prepare nursing students for the complex role of clinical practice by providing a safe environment to practice clinical decision-making and clinical judgements in”.

4.5.2 Assessing Clinical Skills

Incidents in the past have shown that clinical mentors are assessing students based on their own clinical skills, while the nursing student's attitude and behaviour can be questionable. This was evident in the findings of Hunt, McGee, Gutteridge and Hughes (2016) who conducted an interpretivist grounded theory study with the aim of exploring the basis on which mentors actually failed underperforming students.

Their research was conducted in England and the sample comprised of 31 Mentors, Practice Education Facilitators and Link Lecturers. The researchers state that the sample size was sufficient for the saturation of categories. They found that mentors experienced a range of negative emotions when dealing with students who are underperforming in clinical practice. They suffered; disappointment, frustration, dismay, indignation, discouragement, confusion and dejection. These feelings arose because of the expectations placed on the CNM's and failing students was against their nursing values.

In the participating University, de-briefing sessions strategically placed in the middle of the practice placement weeks and also at the end of the placements are designed to follow the students' progress throughout their clinical placements. This practice is to address any issues or concerns with a particular student. Any incidence with a student that is causing concern should be reported by the mentor to the CPO before the actual de-briefing date, giving time to deal with problems before the student report is completed. This gives the student a chance to improve before the end of the clinical placement. These findings were revealed from my study. The fear factor of failing to fail (Duffy 2015) is present in Bahrain and this has been an issue for some students who have passed a clinical evaluation then they proceed to be incompetent in clinical practice.

"I have not mentored before so I feel that assessing a student nurse is scary as this is the students future and if he/she has not come up to the clinical standard I will feel bad to fail at this stage", Pauline, Hospital B.

4.5.3 Making Judgments

According to the NMC (2015, p.15) "The role of the sign off mentor and/or practice teacher is to make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register".

In my study, mentors were assigned nursing students in the 4th year of clinical practice and assessment at this stage is an important step in their career ladder. A sign off mentor is a mentor who looks after a nursing student in clinical areas specifically in 4th year. Although all years including; 1st, 2nd, and 3rd year nursing students will also have mentors at the end of their clinical placements, sign off mentors are signing off the students prior to their graduation. Sign off mentors need to meet a certain criteria before taking on this role. In Bahrain sign off mentors are integrated with mentors who look after nursing students throughout the different years. They are not specially trained or have any additional training apart from one day training on systemic review preparation for students who will come to their areas. This is in stark contrast to that required in the UK.

The NMC (2015) state that only a sign off mentor may confirm a student's level and standard of competency that can demonstrate their level of fitness to practice. All other mentors involved in the development of nursing students in the clinical area setting, which also includes assessing the student's competency require to be a fully qualified registered nurse who has been specifically trained for their role.

"I am mentoring 4th year nursing students and feel that I am not prepared properly but I have mentorship experience in other areas including critical care. I have felt that the nursing students are not quite competent in this area but I am not happy to fail them at this stage", Jayne, Hospital A.

"I want to help the nursing student to be competent in procedures and pass final clinical assessments, but this is a scary time for them and also sometimes for me if they are not fully competent", Susan, Hospital B.

4.5.4 Failing Students in Clinical Practice

In their UK two-stage qualitative study aimed at understanding the nuances involved in mentors identifying borderline nursing students, Cassidy, Coffey and Murphy (2017) individually interviewed 20 mentors in the first stage. The second stage, involved 38 mentors and practice educators from four different health boards taking part in individual interviews (n=8) or focus groups (n=30). Cassidy et al. noted that registered nurses were reluctant to fail nursing students in the clinical area, and this remains a contemporary issue in international healthcare education. The mentor's assessment decisions can have an impact on the students and also on the key stakeholder's circumstances.

Mentorship within the literature reveals the emotional turmoil of the assessment process decision making and can impact the students' competency level, when any doubt is set (Cassidy et al., 2017). Anecdotally here in Bahrain we have faced many issues related to the competency levels in the 4th year undergraduate nursing students. It has been noted by Cassidy et al. (2017) that in some cases the student's progression has been interrupted by unexplained behaviour, personal tragedy, illness or social circumstances. This can affect whether the student passes or fails. If the competency is in doubt; the student should fail. Sometimes this is not the case, resulting in some students slipping through the net and their mentor passes them due to the fear factor experienced when failing a student. This too is the experience here in Bahrain.

Concern continues to grow on the credibility of assessment decision-making within clinical practice and is seen as remarkable given the phenomenon of mentors failing to fail nursing students has been known for over 20 years (Cassidy et al., 2017).

The negative feelings engendered when failing students was also evident in my study.

“I had a problem student last year who I wanted to fail but my charge nurse was not happy with my decision; she spent some time with the student and encouraged them so that they passed the final assessment, but I had my doubts”, Jayne, Hospital A.

“Looking at my last nursing student who showed aggression if I told him/her anything, I was intimidated by them”, Jayne, Hospital A.

In my research it has been noted that the fear factor to fail a student is evident due to the mentor being inadequately prepared for their role. Mentors feel that they are not prepared to assess students within clinical practice.

They felt that if they were prepared for the role of mentor with a strong background covering all aspects of the expectations of the mentor role, then they could more readily deal with negative student behaviour and poor achievement of competencies in a better way.

4.6 Theme 3-Mentorship in Clinical Practice.

Mentorship within clinical practice is a specialized area that has to be monitored according to international guidelines for the best outcome for undergraduate nursing students, to enable them to get the best possible experience in the clinical areas. This concept can bring to the involved training institutes, a policy that they have the best mentors teaching and assessing students in clinical practice. Clark and Casey (2016) explored how nursing and midwifery mentors are fundamental to the process of ensuring that future nurse practitioners during their degrees are prepared adequately with continuing support during clinical practice placements.

Whilst there is some overlap with Theme 1, this theme focuses on curriculum and formalisation of mentorship training. The categories making up this theme can be seen in Diagram 4.3.

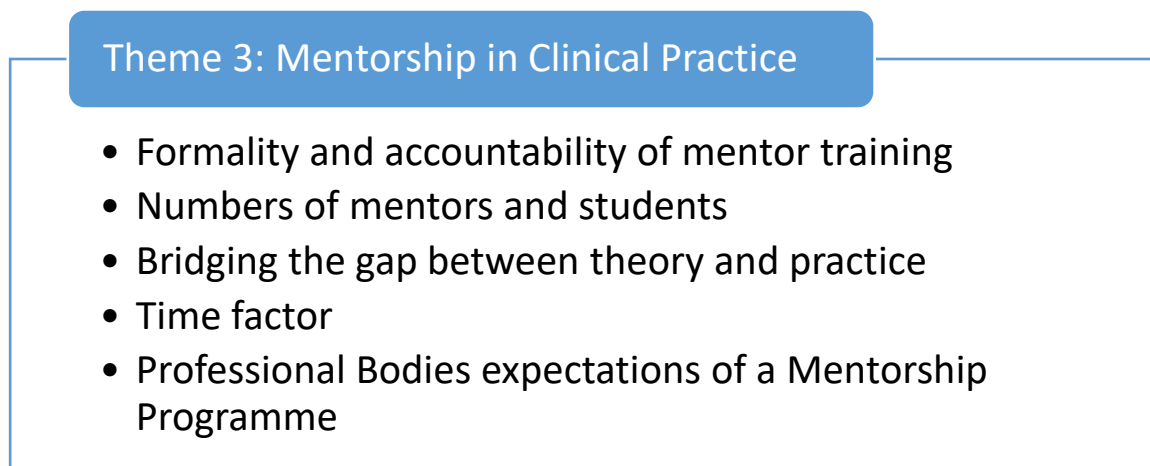


Diagram 4.3 Theme 3 and its categories

4.6.1 Accountability/Formality of Mentorship Training

The NMC (2015) give specific requirements for learning and assessment while also providing with flexibility for approved educational institutions, practice placement and work based learning providers to be able to develop an innovative approach to education for nurses, while also being accountable to the NMC approved programmes that are in line with current standards. In Bahrain the registration authorities do not have specific guidelines for training nursing students but do however cater for post registered nurses. The training of nursing students is the responsibility of the educational institution and the training hospital. Although the universities in Bahrain currently give a one day workshop on mentorship to the nurses in the training hospitals, this is not a formalized course.

“No formal training in mentorship strategies and also no updates on the subject”, James, Hospital B.

James's comment is in direct comparison to that of the NMC (2015) standards for mentors, practice teachers and teachers in the training of mentors. In Bahrain mentorship training is a concern when it is compared to the NMC rules and regulations for the training of nursing students in clinical practice. The gap between the NMC guidelines and framework for nursing students in clinical practice is vast. A lot of work is required to close this gap. This needs to be looked at by the regulations for nurse training which comes under the umbrella of 'The Higher Education Committee', (HEC), which regulates and regularly assesses higher educational institutions. Another governing body is that of the 'Quality Assurance Authority for Education and Training Bahrain (QAAET). This body looks at the quality of the training from all aspects of education and have very strict rules regarding delivery of information and knowledge to students. The formalization of any courses within the university must go through these two regulatory bodies (HEC and QAAET) to be accredited.

4.6.2 Numbers of Mentors and Students

Data related to clinical placements within the two teaching hospitals in Bahrain were analysed in order to try and understand the concept of how the clinical nurse mentors teach the undergraduate students within clinical practice in specialised areas while trying to decrease the number of students per mentor due to the shortage of mentors. At present, in Bahrain, some mentors have 2-3 students at any one time which can affect the students learning abilities during clinical practice sessions in critical care areas.

"Too many students with one mentor at one time", Sally, Hospital A.

"There is a shortage of mentors in clinical placement areas", Gillian, Hospital B.

A mentor must be able to manage their time in order to facilitate activities that involve opportunities that will align with a student's retention of learning (Gray, 2014). As with the participants in this study, the number of students allocated to a mentor is also a concern voiced by the RCN (2016).

The role of a mentor is the key to the progress of an undergraduate nursing student to graduating as a registered nurse. A mentor needs to be able to develop mentoring knowledge and skills, while keeping up to date with the latest developments related to the NMC's (2015) competence and outcomes for mentors. According to the NMC (2015) all mentors are required by their licensee to attend annual updates to remain in the universities local register of current registered mentors.

4.6.3. Bridging the Gap between Theory and Practice

As Vinales (2015) explained in his paper on mentorship part 1: the role in the learning environment; that in the UK, nursing students spend 50% of their educational experience in the clinical learning environment. This 50% entails a lot of organisational skills and is time consuming for the people involved in the placement and the mentoring of these UNS's. The other 50% of the students program is spent in the educational institution, where theoretical component attention is the focus of the week's spent there. According to the RCN (2015, p. 15) "Mentorship was seen as bridging the gap between theory and evidence, and theory and practice; mentors assume the responsibility for supporting the student's learning and progression in this regard".

To accomplish this training is needed and this needs to include how to teach in clinical practice as well as being able to look after the psychosocial, behavioural and wellbeing of students under the mentors care.

“As a mentor as well as a nurse I feel that my responsibility is that the student will leave with good clinical skills as well as background into what they are doing and why. Also to link the theory to the practice area”, Arthur, Hospital A.

“We as mentors do not fully understand what the nursing students have done before in clinical practice, we need to have some more strategies on teaching and learning and less on paperwork on the training study day”, Jayne, Hospital A.

4.6.4 Time Factor

In his descriptive paper, Vinales (2015) explored how evidence suggested that mentors are unprepared for their role, even after mentorship training sessions. It has also been noted that the lack of time to spend with students along with trying to complete practice placement documentation can be viewed as being an obstacle to the mentor's role. In Bahrain, clinical documentation is an issue in the nursing clinical practice areas due to the amount of time spent completing them. It has been reported in the past that clinical documentation regarding UGN's are too complicated, time consuming and can affect performance in the clinical area. These sentiments are shared by the participants below.

“Complete all forms asked for by the university, complete the student's final report for the university while helping the students critically think regarding a patient's diagnosis and treatment. We need proper training for this role”, Annie, Hospital B.

“As a mentor I should understand what the student needs as part of this specialist training and be able to complete the appropriate forms properly while assisting with documentation of patients records”, Sally, Hospital B.

Huybrecht, Loeckx, Quaeyhaegens, De Tobel, and Mistiaen (2011) in their study in Belgium noted how mentors perceived characteristics, advantages and drawbacks of mentorship as well as looking at the practical aspects in mentoring education. Their study used a questionnaire, which was sent to 181 mentors in 7 regional and university hospitals in Antwerp that received nursing undergraduate students. 112 participants responded from 181 of which 64% were women with 64% having a BSc, 1% with an MSc and 16% were head of departments. Only one third of the mentors had experience of 5 years or under and 51 respondents out of the 112 had followed an additional course for mentorship, yet the mentorship role was considered as an essential one by 98% of participants. 85% of the mentors considered that knowledge of learning styles was an important aspect of the role. So looking at these statistics, there are similarities here in Bahrain, where mentorship roles are seen as an important and integral part of student learning; only a few mentors are trained according to the international guidelines of the NMC (2015) or RCN (2017) UK.

“I graduated with a certificate in mentoring but only hold a diploma in nursing therefore I should by rights not be mentoring BSC undergraduate nursing students, and this is according to the RCN in the UK. But for flexibility here in Bahrain I do understand what teaching and learning skills are and I am willing to teach 2nd and 3rd year nursing students”, Kate, Hospital A.

“We need mandatory updates on teaching skills and teaching and learning strategies. More time for training as one day is not enough”, Pauline, Hospital A.

“I am not aware of teaching and learning strategies and do not fully understand them. I am a diploma holder nurse trained in India and I have not mentored before”, Gillian. Hospital A.

In an integrative literature review, Omansky (2010) aimed at describing staff nurses experience when functioning as a mentor for student nurses. Omansky (2010) viewed the mentor's role as being a guide to students helping them to apply the theory to the clinical skills and critical thinking. They drew from evidence databases from different articles from Australia, Canada, Sweden, and the United Kingdom and the United States. The theoretical framework for the data analysis was that of Khan et al., (1964). Langan (2003) used this framework in her research study which was concerned with the roles of the nursing faculty and staff nurses in undergraduate education and concluded that nurse mentors suffered from stress. This was a result of unclear delineation of the expected behaviours or workload issues and concerns. Chen and Lou (2013) however, looked at how reducing the workload of the staff nurses would improve the quality of the delivery of mentorship to students, and this would be done by providing appropriate training sessions at convenient times.

Using the Khan et al. model, Omansky, (2010) where the staff nurse acting as a mentor for a student the focal person is receiving expectations from the role senders; which in the case of this research would be the nursing instructors, students, managers and the health care organisation itself. Contradictory and unclear messages from the senders and the focal persons own interpretation of what has been sent results in role ambiguity or role conflict.

Role overload was also evident as a result of different role senders each having sets of expectations of the focal person's performance and the focal person feeling overwhelmed by conflicting expectations. Simply put, supervising and facilitating undergraduate nursing students is a stressful issue if the mentor has not been properly trained for the role. In Bahrain the preparation is seen as not being adequate to cover all aspects of the training and this includes; being able to deal with issues regarding non-attendance in clinical practice without an excuse of leave of absence, not respecting the mentor or other senior staff in the area that they are assigned, non-compliance to rules and policies and procedures. These issues are evident in the UNS's follow up de-briefings and

have been reported on during hospital visits by university faculty. They are issues that are dealt with during the student's clinical placement and are on-going until the issues are dealt with and solutions found with the collaboration of the mentors CPO and students. Frequently mentors can't deal with these issues and directly approach the CPO, who will try to deal with the issue in the clinical area before reporting to the educational institution.

“Some students have social issues that interfere with their clinical placements and this is something we as mentors can't deal with as we do not have the training or sometimes backup”, Carol, Hospital A.

4.7 A New perspective

From the mentors perspectives on how they feel regarding their training for looking after undergraduate student nurses in clinical practice in specialist areas it is evident that they would like to be formalized in their role with more training based on international guidelines. A national framework would be preferred and this would formalise the role in Bahrain. The similarities from the two main training hospitals were that of; formalising the role of mentor with certification, more training days and a framework for action specialising in 4th year nursing students in critical care areas.

In conclusion to this theme, the role of mentor in context in the Middle East has no formal training; therefore the formality of the role is not recognised as a necessity for undergraduate nurse training. Accountability is an attribute that is important for the student – mentor relationship. As Huybrecht, Loeckx, Quayhaegens, Tobel and Mistiaen (2011) indicate in their initial findings from a qualitative research study in Finland, investigating the perceived characteristics, advantages, practical aspects and drawbacks of mentorship, that the most important factors and characteristics of mentorship are enthusiasm, a positive attitude, experience, and a willingness to spend time with a student.

Huybrecht et al., (2011) also found it necessary to avoid placing more than one mentor to a particular student at any one time as this could result in the responsibility for the students training and well-being, being shared among so accountability could be affected.

4.8 Graduate Nursing Perceptions on Mentorship Training

Since mentors in this study raised the disconcerting issue of not having the same level of qualification as the nursing students they were mentoring, I took the opportunity to individually interview a total of 8 graduate staff nurses to explore their opinions after one year of being in the clinical practice after their graduation from the educational institution. These interview questions (See Appendix 9) were completed in one of the training hospitals and the results analysed using a qualitative design methodology with thematic analysis using sub-themes and coding (see Table 4.5). All Graduate nurses were given pseudonyms and were fully consented, before the one-to-one interviews took place. This was carried out as the information on how the graduated nursing students felt about how they had been mentored was an important factor in the way in which the mentors are trained and how they felt this preparation could be better in order to facilitate future undergraduate student nurses in clinical practice. Three themes were identified from the data: understanding, trust and respect from mentors; lack of time to mentor and preparation for the role.

4.8.1 Understanding, trust and respect from mentors

Whilst a few participants expressed that they always had a good mentor, others revealed that from their perspective, there was a scarcity of understanding, trust and respect from mentors. This manifested through mentors not facilitating more student interaction with patients and other staff and also curbing student autonomy.

This could be due to the mentors having a lack of confidence and knowledge of the undergraduate nursing programme and university expectations of what students should be able to achieve in the speciality placement towards the end of their training.

“I felt that I had a good mentor most of the time”, Molly, School of Nursing Graduate.

4.8.2 Lack of time to mentor

The graduate trained participants raised similar issues to the mentors who were the focus of my study. They agreed that mentors were invariably too busy with their nursing role to take time out to teach and assess students. Graduate participants also voiced that in their opinion, mentors were not trained properly for their role.

“My mentor could have given me more time to practice on procedures, for instance dressing technique, but they were always busy”, Deborah, School of Nursing Graduate.

Workload of mentors and its effect as a barrier to making time for mentoring students is generally not seen as an issue by nurse managers (Foster, Ooms & Marks-Maran, 2015). Nurse Managers usually allocate patients to mentors without taking the need for additional time to undertake their mentoring role into account as illustrated in the participant quotes below.

“Some mentors gave examples and teach basics but we need to practice dressings ourselves with supervision of course”, Alan, School of Nursing Graduate.

“Lack of time is a big factor in the time that the mentor spent with students, sometimes they are too busy with documents to teach us procedures”, Ayesha, School of Nursing Graduate.

“Some mentors teach procedures and take time to help the students but others have no time to spend with us on procedures”, Alana, School of Nursing Graduate.

“I think some mentors need to further explain procedures to students and feel that the time factor is an issue”, Sally, School of Nursing Graduate.

“Need to have more attention from mentors when we were students regarding clinical practical procedures”, Fiona, School of Nursing Graduate.

4.9 Preparing mentors for their role

Graduate trained nurses were asked for their opinions and ideas of how to improve mentorship skills for future students and some of the answers reflected their own experiences and mirrored the opinions of the mentors:

“Not every mentor is a good mentor, they need formalised training, she wanted to teach but needed more experience in teaching”, Sally, School of Nursing Graduate.

However, the graduate trained nurses raised an additional issue. They believed that, in general, mentors' knowledge and use of evidence-based practice was limited. Levett-Jones, Lathlean, Higgins and McMillan (2009) noted that some mentors actually find the nursing students too much of a challenge in the absence of appropriate support, overwhelmed some students causing them doubt about their own abilities.

“If I was a mentor I would like to attend an update at least once per year to keep up my standards”, Harriot, School of Nursing Graduate.

Disparity between the mentor’s qualifications was evident in some of the graduate nurse’s answers to the questions asked in the one-to-one interviews with the graduate nurses in Hospital A.

“In my critical care setting when I was completing my systemic review my mentor was not aware of how to critique research”, Sarah, School of Nursing Graduate

“In first and second year I had no problem with the diploma holders as my mentor but in third year I was doing my reflection with evidence and they were unsure how to reference”, Alana, School of Nursing Graduate.

The above quotations resonate with the NMC (2017) report, which specifically indicates that a mentor must be educated and prepared to undertake the role in clinical practice as well as having a working knowledge of current educational programs that may require assessment strategies that can accommodate educational changes in practice.

“Some mentors felt embarrassed when I asked them about evidenced based best practice as I was doing my systemic review and they were unsure what it was”, Harriot, School of Nursing Graduate.

One of the questions asked was “how accountable were you to your mentor and did you feel looked after as a nursing student in the clinical practice setting?

“Most of my mentors were accountable but focus on time factors and did not have enough time for a student, a team leader as a mentor is not a good idea”, Danielle, School of Nursing Graduate.

Danielle's comment reflects the work of Levett-Jones, Lathlean, Higgins and McMillan (2009) indicated that in their study some mentors found the responsibility of supporting students in clinical practice difficult and disregarded students' feelings and made little attempt to hide their frustration and feelings.

"I felt they were accountable but had too many students at one time", Alan, School of Nursing Graduate.

"All mentors were excellent at accountability with us, apart from one mentor, but they wanted to teach and I felt that there were too many students at one time", Graham, School of Nursing Graduate.

The above reflects what the graduates may think of the way they have been mentored in clinical practice. Levett-Jones, Lathlean, Higgins and McMillan (2009) noted that a student nurses had to have a feeling of belongingness in the clinical area and the absence of this can affect clinical practice learning. Having too many students at one time may affect this side of the mentorship relationship.

4.9.1 Summary of Findings from Themes

Looking at the main issues that were taken from the thematic analysis of the main themes, learning to teach was significantly evident throughout the two hospitals during the AI workshops and the focus groups. The clinical mentors were all in agreement that the teaching element was missing from the training study day for mentors within the educational institution. This element, although is part of the concept of mentoring, is seen as an important aspect of the clinical teaching in the hospitals. They spoke about the current clinical mentors having yearly updates on their mentorship role and keeping up to date with current practice. There was an expressed need for the formalization of the mentorship course as well as the training days being more than just one day, which is what is happening at the present moment. They felt that one day was not sufficient to learn about mentoring UNS's. Mentors wanted to be able to set realistic short and long term

goals which could be measurable in clinical practice (Shellenbarger & Robb, 2016).

4.9.3 Graduate Nurse Perceptions of Clinical Nurse Mentors

Graduate nurses found that the clinical nurse mentors competencies in teaching were varied during their training. Graduates were concerned regarding the educational level of some of the mentors in their acute critical care settings. The graduates also felt that they were undervalued and sometimes ignored in clinical practice settings because of the way in which they were treated by their mentors. However, other graduates felt that they were treated in an excellent manner with total support from mentor in their clinical practice. Clinical teaching at the bedside was done in a professional way and the UNS's were happy in their clinical placements, but this was not the reaction of all graduates interviewed. Some graduates like those reported by Shellenbarger & Robb (2016), are inadequately prepared and can struggle with the demands of the job which brings dissatisfaction with their career choice. Preparation before entering clinical practice is a way in which they can be prepared for what is to come and having good mentorship while training can have good positive outcomes. Mentoring in clinical practice can improve self-confidence, maximize learning, enhance satisfaction, and promote professional achievement (Shellenbarger and Robb, 2016). The evidence from the graduates in Bahrain revealed that were concerned regarding the mentorship in critical care areas for future UNS's, being that the training is not as per international guidelines.

“Spent my day training, filing in paperwork on the mentorship day with only a few lectures on teaching and learning skills, need to be properly certified like in the United Kingdom”, May, Hospital B.

More theoretical proportioning of the workshops is needed in the current mentorship training. This was considered by Schaubhut and Gentry (2010) who identified aspects of mentorship workshops that prepare educators to teach student nurses in clinical practice including; clinical evaluation methods, developing critical thinking skills, conflict resolution, adult learning principles and work-life balance.

4.9.4 History of Mentorship in Bahrain

The impact of the research study has led to the understanding that the current mentorship program requires review with the aim of being restructured according to the needs of clinical nurse mentors which was evident from the findings.

Being accountable for a student's performance is for some mentors difficult due to the fact that they are unprepared for the role. Another issue is that of student numbers compared to the ratio of mentors in clinical practice. Some mentors in UNS's clinical practice area have to take more than 2 or 3 students although in nursing year 4 the ratio is kept at 1-1 in most cases. The issue is that this is sometimes a difficult situation to deal with as mentors can take annual or emergency leave at any time, causing changes in shifts and this will cause a break in consistency in mentorship training.

Bridging the gap between theory and practice for the mentors was seen as a major goal in UNS training in clinical practice. The mentor's priority is to be able to help the student take the theoretical knowledge with the clinical practice. UNS's spend in their 4th year, five weeks studying the theory of critical care, so implementing this theory into the critical care areas is an important factor in bridging the gap.

This research study was the first to be conducted in Bahrain looking into mentorship as a concept. Formalization of mentorship training would bring a more recognizable role in clinical practice with a formal qualification that will be awarded with continuing education units from the licensing body within Bahrain (NHRA). This may encourage and motivate graduate nurses into becoming trained as mentors within the training hospitals in Bahrain.

Chapter 5: Conclusion, Implications for Practice, Recommendations and Limitations

5.0 Introduction

From my research it became evident that the development of mentorship training in Bahrain is needed in order to bring the standards of nurse training in clinical practice on par with international guidelines. This finding addresses a gap in the literature as to date there have been no studies focusing on mentors and how they should be prepared to provide quality education of student nurses within clinical placements.

The definitive need for the programme to be formalized and recognized by health authorities is also evident in the data collected. Mentors perceived the preparation for their mentorship role as being inadequate for the clinical area and would prefer to cover all aspects of the teaching in clinical practice issues, including assessment. Focusing on the content of a mentorship training course would also be a critical element and determining the theory element of mentorship as being an important crucial part of their initial training. It is considered important to focus on the sign-off mentor role and the areas of practice that are important to the quality of the learning environment, assessment, completion of student documentation as well as being able to fail a weak student who has not come up to a standard that will enable them to be entered on to the register for nursing needs to have structured training and preparation for the role (Durham, Kingston, & Sykes, 2012).

The chapter brings together the recommendations for the improvement of the current mentorship training and posits that education and learning within clinical practice areas, in Bahrain, is an important aspect of undergraduate training in nursing practice.

5.1 Response to the Research Questions

Question 1: From a clinical practice perspective, what are the mentors' perceptions and experiences of teaching the undergraduate nursing students in nursing year 4?

The clinical nurse mentors' perspective was that nursing year 4 is a critical year in the undergraduate nurse training, therefore the importance of the clinical practice experience being the best that it can be is an important concept. From the results of my research study, the similarities between the two hospitals involved in the research were evident through the results of the data collection and analysis. The clinical nurse mentors, felt that they need to be better prepared and trained for this role and a formalization of the training would help in the acceptance of mentors within the National Health Regulatory Authority (NHRA). This would be a step that would help mentorship become a recognised training within Bahrain.

Question 2: How do the mentors perceive their training and preparation for the mentorship role?

The research indicated that clinical nurse mentors are unhappy with the current mentorship training and feel that they need more on the lines of that indicated by international standards. They have also indicated through the data that the evidence for mandatory updates on a yearly basis is indicative in the continuous improvement of mentorship training. Evidence also exists from the data collected that the support from both the educational institution and the hospital is not as it should be.

Duffy, McCallum, & McGuinness (2016) opine that the mentorship role is not given the recognition within the current workforce, or given priority as a mentor's day to day role then nurses as mentors will be compromised in their role. Educational institutions do not want this to happen but according to the evidence collected during this research study, this is exactly how they feel.

From the evidence from my research, the CNM's perspectives and experiences from mentoring nursing year 4 students, they feel undervalued and would prefer formalized certification in their role. Nursing education is an integrative part of an UNS's criteria during the initial years of study and the 4th year of their study is where they consolidate their practice training in the clinical practice area.

“Determining fitness for practice involves nursing students fulfilling theoretical, clinical and professional criteria as laid down by the NMC and interpreted by each individual educational institution providing pre-registration education” (Duffy, 2015, p. 6).

In Bahrain, CNM's have to determine if a 4th year undergraduate student nurse is fit for practice to be entered onto the nurse register, so the final sign off needs to be as accurate as possible. This can be a decision that can make a CNM worried about this stage of an UNS's clinical practice placement and whether the student is fit for practice or not. Being trained in this area is an important factor in the decision at this crucial stage. CNM's who are not qualified in this area are determining that some weak students are fit for practice and this is causing issues in a student's behaviour and attitude after graduate and entry to the nursing register.

Question 3. What (if anything) could be improved in the mentorship training programme?

Changes to the current mentorship program would enhance the teaching and clinical practice experience of the undergraduate nursing students. The improvements could include preparing the mentors to deal with each stage of the nursing student's journey through the clinical practice settings. The training at present is one day therefore an increase in the training days would help the mentors to fulfil their mentoring role to a high standard. This input should according to international guidelines, as this would give a structure that could be adapted for Bahrain.

Question 4. How do mentors rate their professional and educational relationship with students?

From the research data collected from the Appreciative Inquiry workshops, workshop evaluation and focus groups, the clinical nurse mentors are not fully convinced that they are receiving the appropriate training to be able to mentor and guide undergraduate nursing students through the clinical practice. They were concerned about their own educational level and felt that those mentors who possessed a diploma should not be mentoring 4th year nursing students due to the fact that they are doing a systemic review for their final theoretical assignment and they themselves did not understand the concept of the research process. As professional nurses, the mentors have a level of experience that is beneficial to the student in the learning process, but the mentors own educational achievement at some stage may be challenged by questions that the nursing student may ask during preparation for assignments such as a systemic review of the literature.

Mentoring is seen as an empowering relationship between the mentor themselves and the undergraduate student nurse and can be a lasting relationship between the two throughout the training process (Wagner & Seymour, 2007).

As Needham, McMurray and Shaban (2016, p. 136) indicated in their study on clinical facilitation of undergraduate nursing students "These experienced clinical facilitators reported a perception that their experiential knowledge as both registered nurse and clinical facilitator has allowed them to develop best practice processes for clinical facilitation".

Clinical Nurse Mentors felt that they have developed an understanding for clinical facilitation and have also developed their own skills for teaching and practicing in the clinical area, best practice.

5.2 Implications and Recommendations for Improvement of Mentorship Training In Bahrain

Bahraini nationals entering into the nursing profession is increasing therefore the UNS population is also growing and the need for CNM's is even more imperative. The rationale for having a standardized, formalised mentorship course is advantageous to the future of nursing in Bahrain. Expatriate nurses have not always completed mentorship programs therefore they also need to be trained to accommodate and prepare the Bahraini undergraduate nursing students that are currently going through nursing degree courses in the educational institutions in Bahrain.

It is recommended that trainee mentors required to be prepared by intensive training to be able to; prepare students for their clinical practice settings by orientation to the environment, how to deal with weak and failing students, deal with behavioural issues related to clinical practice, be able to counsel them on their attitude in clinical practice as well as deal with psychosocial problems that may occur within the clinical area and attendance issues. All of these concepts cannot be covered in one day of training so the time and duration of the training schedule needs to be revised and a curriculum which covers all aspects of mentoring including teaching and learning developed. International guidelines could be adapted to suit the Bahrain healthcare environment, so this could be presented to the nursing registration board. Also supporting the continuous learning of the clinical mentors in the training hospitals should be of a standard that is on par with international guidelines.

The National Health Regularity Authority (NHRA) recommends that all registered nurses have to achieve 20 continuous medical points per year to be licensed in Bahrain. This is to keep the standards of nursing on a level that will ensure good patient care while encouraging continuous professional development among nursing staff in the country. The rules and regulations are the same for Bahraini and expatriate nurses alike.

This however can be a big responsibility to small private hospitals that do not have professional development departments. It puts pressure on the human resource department to ensure that all nurses are complying with the policies and procedures of NHRA. Mentorship training for UNS's is not considered by NHRA, so the university is the only provider of this training study day. Mentors are not certificated under a code of mentorship from a regulatory body which can oversee that their training is off an international standard. Therefore mentorship is seen as a non-important aspect of student nurse training. Duffy and Hardicre (2007) indicated in their assessment paper on supporting failing students that most student nurses will achieve a level of proficiency that will enter them onto the register but in some cases mentors will be faced with a weak performing student. Although this is usually a minority, it has been evident that mentors find this situation difficult to deal with. This is when their training in mentorship is crucial as they need to be able to understand that failing a student in clinical practice is inevitable in some cases. Clinical competencies have to be met to be able to graduate proficient capable nurses.

According to the RCN (2009, p. 3) "The importance of a mentor and the quality of the mentorship offered in clinical practice areas cannot be over-emphasized; learning experienced in the clinical setting ensures that the nurses and midwives of the future are fit for practice and purpose". Practice-based learning and assessment is fundamental to nurses' education and the NMC underlined this when it clarified that the professional responsibility of facilitating nursing students to achieve competence in clinical practice (NMC, 2015). The priority of achieving competence in clinical practice is of the utmost importance and high on the agenda of a mentor's role in an UNS's clinical experience. This achievement is not possible if the mentor has not been trained properly with a good grounding in clinical teaching. Difficulty in assessing students in clinical practice is a long-standing issue and could be due to the underlying lack of training for mentors.

Although the mentorship training day here in Bahrain in the educational institution that is currently the training university for the undergraduate student nurses it is currently only one day comprised of a lot of paperwork for the mentors themselves regarding contracts, student orientation and student clinical progress papers as well as the student clinical assessment report (SCAR). The SCAR document is the end of clinical placement assessment tool that is the UNS's most important document as it is passing or failing in the clinical placement. This document does have to be included in the training of mentors as it gives them a scheduled look at the plan of action for the student in clinical placement; however, this is just one important aspect that is required in the proposed new mentorship training programme. Currently, there is little related to teaching and assessing methodologies within the training programme.

Clinical placements within the two teaching hospitals in Bahrain need to be looked at with the view to evaluating the current situation regarding the number of students per mentor with the plan to reduce the present number. At present some mentors are having 2-3 students at one time which can cause the students to decrease their learning opportunities during clinical practice. It has also been noted that despite the challenges faced by the clinical nurse mentors at present in the training hospitals, comprehensive preparation for mentors seems to be effective in developing competent mentors that have the ability to support nursing students in clinical practice (Gray & Brown, 2016).

Development of a structured, comprehensive and appropriate mentorship program which is based on international guidelines is recommended for the future of nurse training in Bahrain. This will enhance the teaching skills of the current mentors and also give the UNS's a chance to become fully qualified experts in their own right before entering the nurse register. Standardized structured programs are a necessity to improve and raise the level of competencies among UNS's during their training. The recommendations for complete structured formalized programs will be presented to the appropriate departments for their attention.

The NMC (2015) indicated that mentors need to be trained in demonstrating an understanding of factors that can influence how UNS's integrate into clinical practice areas, provide on-going constructive support to facilitate transitioning from one learning environment to another, and have effective professional and inter-professional working relationships to support learning for entry into the nursing register. In Bahrain, entry onto the nursing register is the aim of all UNS's, therefore progression through the clinical practice area with the assistance of a fully trained certified mentor who is motivated and experienced is an asset to their training. The evidence seen throughout the research study has and indicated that the training at present is inadequate for the continuous knowledge based training that exists at present in the educational institutions to enable them to support UNS's in clinical practice settings.

My study explored the experiences of Bahraini Clinical Nurse mentors' after their one-day training in the educational organizations. Newton, Taylor and Crighton (2016) in their quantitative study looked at how mentors in the final sign off for a student are reflecting on current published standards. Newton et al. determined this in their study done in the United Kingdom, therefore the standards that are to be followed, are that of the Nursing and Midwifery Council (2015). My study itself revealed that a mentor was showing lack of time to supervise undergraduate nursing students, although they were responsible for the final sign off before the student graduates and is registered as being fit for practice.

Building a mentoring program from the ground up can be a desirable project (Franko, 2017), with an extremely worthwhile outcome that would assist the educational institutions in training mentors to facilitate the increasing numbers of undergraduate nursing students in Bahrain. Formalizing the programme would be the next step in the accreditation of the mentorship programme. The requests for certification came from both participating hospitals during the data collection process and it was evident in both the AI workshops and the focus groups.

The role of a nurse mentor is to take an UNS through the clinical practice environment and give them the support they need in order to pass clinical assessments while showing competence in clinical procedures, takes time, training and patience. The educational institutions have to consider their current training processes and re-evaluate them according to international guidelines for mentorship training and preparation. This task can be done in collaboration with the clinical area representatives, plus the collaborating faculty from the educational institution. A desirable outcome from this would be to collaborate between the educational institution and clinical practice, where the faculty would be working with the hospitals training mentors for clinical practice. Clinical educators would be part of the teaching faculty at the training of the mentors.

Looking at the recommendations from The RCN (2016), here in Bahrain similar recommendations could be developed in collaboration with the National Health Regularity Authority (NHRA) and this would bring clarity and formalization to the role of mentorship. Adaption could be more flexible to suit the cultural environment and the international multi-cultural nursing population here in Bahrain.

The revision of mentorship training cannot be side-stepped; most of the participants want to be as good as they possibly can and become excellent clinical mentors, but need the grounding for this purpose. The grounding being; good initial training and mandatory updates in teaching strategies that will ensure that the undergraduate student nurses are getting the best that the mentor can give. Moseley and Davies (2007) implied in their study that mentors should concentrate on such factors as knowing the structure of the nursing students' theoretical studies, keeping up to date, finding ways of giving structured feedback, and how to assess students' knowledge and performance. The restructuring of the mentorship training in Bahrain is an important factor in the preparation of new mentors.

More collaboration between the Schools of Nursing and clinical organizations should occur between nursing schools and clinical practice areas to assist developing good practice in mentoring undergraduate student nurses.

Learning in clinical practice has to be supported by governing bodies such as in the UK; the NMC oversees the Standards to Support Learning and Assessment (2015). Here in Bahrain National Health Regulatory Authority (NHRA) would be part of the support system of learning and assessment in clinical practice but this would need to be overseen by an academic who would be looking at the quality of professional development within the hospitals training departments. The evidence from the data revealed how some mentors want their mentorship training to be certified by NHRA on a formal basis. As a result of sharing some of the emerging findings from my study, this has been applied for already by one of the training hospitals. The aim is to have the mentorship training as a certified course by the Higher Education Council (HEC), but this will take time and effort and collaboration with the educational intuitions. Improvement to the current practice of mentorship would enable CNM's to have more clarity in their current roles while improving their status within the educational units within a hospitals professional development unit. Collaboration between the university and clinical placement areas would enhance closer communication and mutual respect.

It is recommended that the findings from this research are shared through an executive summary and formal presentation(s) to key stakeholders and those with the authority to make change happen.

It is recommended that a working group is established with representatives from the university and hospitals who have direct responsibility for mentorship training to jointly determine the length and structure of a revised mentorship training programme.

With that knowledge in hand, nurse educators could then create an organized handbook to serve as a quick reference during the mentorship period. The benefits from a study of this kind on an international level are to enhance the training and teaching and learning skills of preceptorship experience to nurse preceptors in preparing the nursing students for their future training in acute critical care settings. But to implement this aspect of a specialty in an acute critical care unit, mentorship training should be able to cover all aspects of critical care from the theoretical aspects to the clinical application of the theory into practice. Consequently, the facilitation and advocating for the undergraduate students reflects a major need for development in this area within Bahrain.

5.3 Implications and Recommendations relating to Mentor and Student Relationships

Mentor student relationships within the training hospitals in Bahrain can be strained at times. This is due to the fact that the clinical nurse mentors themselves are not trained to the capacity of that of mentors for example, in the United Kingdom. In the United Kingdom the guidelines for mentorship training and facilitating come from the nurse governing licensing body; the Nursing and Midwifery Council (NMC). The NMC guidelines (2017) specifically indicate the protocols for training and the framework that needs to be followed by mentors in training. Here in Bahrain, as mentioned before, mentorship is an informal agreement between the educational organizations and the training hospitals.

Assumptions of what mentorship should be are sometimes made by prospective clinical nurse mentors. They have maybe not studied mentorship before and when the student is given a date for commencement in the clinical area, the mentor starts the defensive mode, without actually giving the student a chance to prove themselves in clinical practice. Their line of communication breaks down.

These are common factors here in Bahrain due to the fact that the training is not sufficient to support BSc nursing students in clinical practice, giving rise to many issues concerning the progress of the patient. Gopee (2015) looked at communication skills in mentoring need to be developed in order to cope with mentee issues.

Colley (2003, p. 77) indicated that “More specific assumptions about engagement mentoring are that young people can be empowered for their own and society’s good by directive but benevolent imposition of external goals for mentoring, tied to employment-related outcomes, and determined by employers and policy-makers”.

Assumptions are sometimes not justified therefore this breaks down the communication between the student and the clinical nurse mentor. The gap between the mentors training and the practical situation of the clinical area. This gap has caused implications on the mentor/mentee relationship. Nursing students need to belong to the clinical practice area and this can only be achieved if the mentor has been trained in a way that will be able to make the mentee feel that they are welcomed and belong to the clinical area. Levett-Jones, Lathlean, Higgins and McMillan (2009) looked at how student-staff relationships are an integral part on a student’s influence the experience in the ward and encourage a sense of belongingness to the clinical area. Levett-Jones, et al. (2009) spoke about in their study the psychological dimensions of belongingness and its implications for nursing students.

Here in Bahrain we can be faced with undergraduate nursing students feeling unhappy in clinical placements, this is shown in their attitudes and behaviour in clinical practice. This can cause uneasiness with the concerned mentor. Poor mentor/mentee relationships with lack of support in clinical practice, could cause the students to become insecure, and start doubting their own clinical abilities, which could make them withdraw from the course (Levett-Jones et al., 2009).

The presence of students within the clinical areas in the three teaching hospitals in Bahrain is increasing therefore their teaching needs are also increasing. Fifty per cent of the workforce in Bahrain is expatriate (Tawash & Cowman, 2015), therefore the Bahrain government want to increase the number of Bahraini nationals by 2030 (Bahrain Strategic Plan for Health, 2030). This justifies the teaching within the hospitals therefore nursing students need to have mentors who are well trained in clinical practice by confident mentors. The implications for mentorship training to be formalised are present and have been shown from the results of this research study.

Mentor/mentee relationships need to be nurtured and clinical practice training competencies should be based on evidence based practice. As Gopee (2015, p. 133) noted “One of the crucial components of effective practice and quality assurance in healthcare is evidence-based practice (EBP), a concept and practice that has been gradually adopted in all areas of healthcare”.

Undergraduate nursing students can progress through the clinical placement areas trouble free, but not all journeys are like this (Gopee, 2015). Having a mentor who is a good influence on a student is an excellent asset to the journey through clinical practice. Students, if prepared by the educational organization correctly will understand the way in which a mentor should act while teaching as well as noticing opportunities that may be essential to the learning process.

5.4 Changing the Focus of mentoring 4th year BSc Nursing Students

The focus in respect of mentorship training now should be on the nursing students who have graduated from the universities within Bahrain or in the Gulf States with a BSc in Nursing. Because of the increase in the trained Bahrain nationals with a BSc in nursing, the mentorship training could concentrate on these nurses as clinical nurse mentors within the training hospitals. It would give the mentorship population within hospitals more BSc holders. At present the hospitals have enough mentors holding diploma and certification to mentor the 2nd and 3rd year undergraduate nursing students.

As an interim measure additional mentorship training will be required for the aforementioned mentors to mentor 4th year UNS's. This would be until such times that the BSc graduates have worked for 2 years in their specialty within the training hospitals, to entitle them to train as clinical nurse mentors. These individuals would then take the undergraduate student nurses completing their BSc in the 4th year of their training. This action would comply with the needs of the student nurses at this point as their end of module project is a research based systemic review. Undergraduate diploma holder nurses would not have the theoretical background to understand or rationalise this specific assignment as it is also a part of their consolidated nursing practice module in clinical practice at the end of their 4th year.

5.4.1 Mentor Attributes

Mentor attributes that should be acquired for this role, which have also been requested by the participants from the study are: that they work as a member of a multi-professional team, contributing to team work, support new members of the team, help to integrate UNS to the environment and work on developing working relationships based on mutual trust and respect (Duffy, McCallum and McGuinness, 2016). These attributes are in line with the underlying concepts of mentorship training including; teaching and learning, dealing with failing students, clinical attendance, behaviour and attitudes. These aspects are being faced by mentors on a daily basis but some trained mentors have difficulty in dealing with these issues due to lack of training.

Here in Bahrain the cultural environment is that of a past generation of school leavers who see nursing as not a career for them, but now in 2018, nursing has become a good career path where salaries have increased and respect for the status is improving.

According to Tawash and Cowman (2015, p. 79) “There are 2,800 nurses employed in Bahrain, and 50% of them are nationals, also nursing manpower in the Middle East is highly dependent on expatriates and this presents a challenge in establishing and sustaining indigenous nursing developments”.

5.5 Recommendations for Further Research

Recommendations for further research would include investigating how undergraduate student nurses relate to the current mentors in their clinical placement areas. This would provide another dimension and perspective and provide further give grounding to the improvement to the training that the CNM's. Because of the limitations I have mentioned, I would suggest that a quantitative study is undertaken to obtain the undergraduate nursing students/ perspective of their mentorship experience. This could be a pre- and post-study – before the new training programme and repeated after the improved mentorship training programme has been running for at least six months to capture any perceived changes in nursing students' perceptions of their relationship with their mentors. The use of a survey instrument would address the limitation of gaining access to participants for qualitative data collection methods. For example, It became difficult arranging the AI workshops and the focus groups because of patient load and because of the critical nature of the specific unit mentors involved in my study.

It is recommended that the findings from this study are used to inform the development of a survey instrument thereby hopefully providing generalizable findings across Bahrain.

Working with The NHRA licensing body in accrediting mentorship workshops would provide endorse the existing body of knowledge that is in Bahrain and collaborating with the training organizations would improve the training programme so as to enhance the current mentors' skills and teaching abilities.

5.6 Strengths and Limitations of the study

The research intended to assess the CNM's teaching skills while mentoring 4th year nursing students in critical care areas in Bahrain. This required data to be collected through focus group semi structured interviews and Appreciative Inquiry (AI) workshops. The development of an effective mentoring program that will meet the needs of 4th year UNS's requires an understanding of the interrelationships among mentoring (Race & Skees, 2010). This is where the AI workshops became a source of information that would help to reconstruct the existing CNM workshops given within the university to 4th year UNS mentors. The focus group interviews would also give insight to the collaborative thinking of the CNM and what they might be looking for as an UNS educator.

These AI workshops, focus group interviews were analysed by using thematic analysis to identify the emerging themes. The recorded verbatim was transcribed as per the focus group interviews. The data was analysed using tables and codes to identify the themes. Each participant was carefully listened too through the verbatim, taped and transcribed onto the table. This table displayed the first initial findings before being coded into themes. All names and organizations were replaced by numbers as this contributed to the confidentiality agreement.

The first part of the review of the transcribing was done through descriptive exploratory reading. These were then transcribed on to tables with margins identifying emerging themes. Through transcribing verbatim and coding into themes accordingly.

Limitations were that of focus groups being cancelled and re-arranged because of the participants in the research study having a large patient workload. The AI workshops were also affected by postponement, so this led to the delay in the data collection process.

The strengths of my study include it being the first in the region to research the way in which clinical nurse mentors are trained here in Bahrain. As noted earlier at the end of the literature review, there have been a limited number of qualitative studies undertaken in the field of mentorship. The strength of using a qualitative approach in my study was to allow mentor participants to give voice to their story and how they believed that they could be more fully developed for their role. Qualitative research is indicated where little or no research has been conducted around a topic and as such my research has provided findings which can inform future research. Strength was the use of the appreciative inquiry framework since this enabled the participants to be empowered to and take a positive outlook on how mentorship training could be improved. Using this positive approach allowed participants to be forward-looking rather than taking a deficit approach. The AI workshops produced evidence that some of the clinical nurse mentors who took part in the study have the potential to be excellent mentors because of their clinical expertise as well as their motivation to teach and assess nursing students with the caveat of having more fit-for-purpose training as well as in enough time to devote to the role..

Limitations in my study included having limited access to the clinical nurse mentors during my data collection period. The arrangement of the AI workshops and the focus groups only gave me limited time with the mentors because of the high turnover of work within the clinical practice areas. This is a common limitation of using a qualitative approach within a healthcare setting.

I had to make more than one trip per focus group because the participants were not available due to their commitment to patient care. This was not a problem but delayed my data collection processes after rearranging AI workshops and focus groups.

The findings of my research are limited to the mentor participants from two hospitals in Bahrain and reflect only those who agreed to take part in the study. Mentors who did not take part may have differing perspectives.

It was hoped that one outcome of the study was that in light of findings, the mentorship programme will be re-evaluated in its present form and reviewed for future courses. The mentorship training programme curriculum will be considered in terms of its usefulness as well as its length. Further research could focus on the objective indicators that come from the thematic analysis and examine relationships between different factors of the mentorship experience (Chen & Lou, 2014). The overall aim of the practitioner-based research is improve the practice of mentors thereby ensuring quality of care provision by nursing students nearing the completion of their studies.

5.7 Conclusion

The findings emerging from my study, point to the need for review of the content and length of the mentorship training provided as well as making it align with international standards. Formalization and certification of mentorship training courses is also required.

Mentoring is the relationship between two people so this relationship is as important as the clinical placement itself. If the relationship between mentor and mentee is not on par it can be a difficult time for both. Being able to have a formalized system gives mentoring the advantage of developing within nursing fields and the experience of a collaborated network that can foster partnerships with others (Grossman, 2013).

Student competencies in clinical practice is an expectation of the educational institution therefore providing fully qualified mentors to facilitate learning, development and assessment of UNS's is fundamental in the training of future nurses who will in turn be the nursing leaders of Bahrain.

The recommendations for changes in clinical nurse mentorship is inevitable in Bahrain so further research into the clinical area as a learning environment would be advisable in the future. This thesis focused on the current training and how the training can be improved in the future.

The learning opportunities within the clinical practice are there for the nursing student to absorb and relate to the relevant theory. The application of theory to practice is the responsibility of nursing educational institutions and they themselves must aid nursing students adapt to the clinical practice work (Kim & Shin, 2017). Formalised mentorship training is important to facilitate this specific learning curve.

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Appendix 1: Appreciative Inquiry Workshop (1) Programme

Time	Session	Duration	What's Involved
2.30pm	Welcome & Introduction	5-10 minutes	Discuss AIP review and the rationale for AI
2.40pm	Introduction to teaching strategies and the 4-D Cycle.	20 minutes	Power point presentation
3 pm	In groups teach a skill to each other: results to be written on the flip chart	20 minutes	4 Groups of 4 students
3.20pm	Student discussion on how they found teaching a skill with other groups.	20 minutes	Present their findings on a flipchart
3. 40pm	Introduction to Reflection	10 minutes	Power point presentation
3.45 pm	Students exercise on dream aspect of the 4-D Cycle	20 minutes (All reflection on the Dream concept will be collected in with names etc. written clearly on the paper).	Students prepare their concept how they envision/improve Teaching & Learning Skills and what do they themselves do well and what needs to be improved.
4.05pm	Students reflection on today's 4-D Cycle presentation	20minutes	Students present their findings by reflecting and completing the evaluation form.
4.25pm	Close of workshop		Student evaluation

Appendix 2: Appreciative Inquiry Workshop (2) Programme

Time	Session	Duration	What's Involved
2.30pm	Welcome back & Introduction to 2 nd AI Workshop	5-10 minutes	Discuss AIP review and the rationale for AI
2.40pm	Reflection on Dream aspect of the 4-D cycle	20 minutes	Students reflect
3 pm	Students look at how they have improved teaching & Learning skills from workshop 1	15 minutes	4 Groups of 4 students
3.15pm	Student discussion	15 minutes	
3. 35 pm	How would they improve the way in which they train students?	10 minutes	Student group discussion
3.45 pm	Students concept of reflective process	20 minutes	Students prepare their concept of reflection on teaching student nurses
4.05pm	Group presentation on reflection from AI workshop 1 and now.	20 minutes	Students present their findings
4.20 pm	Close of workshop		Evaluation of 2 nd AI Workshop

Appendix 3: Participant Information Form

Participant Information Sheet- doctorate candidates

Research study:

Assessing the teaching and learning skills of the mentors of the 4th year undergraduate student nurses in critical care placements.

You are being invited to participate in the above mentioned research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask me if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your work colleagues, superiors and with the Human Resource office of your organization, if you wish. I would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. However, before accepting to participate, please make sure that you have received clearance from your organization, if applicable.

Thank you for reading this.

What is the purpose of the study?

The study intends to explore and explain how clinical nurse mentors who are assigned to 4th year nursing students while they are on their critical care placements, are prepared for this role. The purpose of the study will be to find ways of improving the preparation process, using teaching and learning skills as a basis for the workshops given to these mentors.

It is however important for the researcher to find out from the mentors how they feel the structure of the existing preparative workshops could be improved. These perceptions of the preparative workshops given at present will be used to enhance the training system in place at present with the aim to implementing teaching and learning concepts and styles to the mentor's already vast experience.

The information gathered will be done through appreciative inquiry workshops and focus groups.

Why have I been invited to take part?

The study will look at the mentors own experience and try to understand how they came to be teaching in the clinical area. This information will assist the researcher to recommend any changes needed to the current system of training through workshops given to the mentors. The participant will then be asked to attend the appreciative inquiry workshops and focus groups accordingly.

The evidence gathered from the workshops and focus groups will not serve as a way of testing your performance as a mentor or even how your organization is performing. It will only serve to find in your verbatim that will be recorded, answers to how the researcher can improve the teaching and learning skills of the mentors by transferring the results from the thematic analysis to recommendations that are needed for the improvement of the training system.

Do I have to take part?

No. Participation in this study is completely voluntary and you are free to withdraw anytime without explanation and without incurring a disadvantage, if you wish to do so. You can also ask that any data that has been provided so far will not to be included in the study. Participants should have at least 6 months clinical nurse mentors experience within the selected organization.

What will happen if I take part?

If you agree to take part in the study, you are agreeing to attend 2 appreciative inquiry workshops and a series of focus groups. The appreciative inquiry workshop will be over 1-2 hours while the focus groups will be over 1 hour. During the focus groups there will be some unstructured and also structured questions. You may have a copy of these questions if you wish. The questions will be related to the way in which the mentors looking after the 4th year undergraduate students in the critical care area are prepared. These questions are not used to assess your performance nor that of your organization.

The aim is to find in your narratives the underlying mechanisms that can assess what is missing from the training at present, and how these sessions can be improved.

The appreciative inquiry workshop will last from 1-2 hours and the focus group interviews will last around 1 hour. These events will take place in the Royal College of Surgeons-Medical University in Bahrain.

With your permission, the focus groups will be audio-recorded so that I can easily recall what we discussed to extract from the collected data relevant information that can be categorized in regard to similarities or commonalities or then connected to parts of the focus group interviews that can lead to theme findings for theory building. If you wish, I will provide you, via a password protected email, with the draft of the interview before coding starts, so that you will have the opportunity to comment and ask for amendments, if necessary.

The recording of the interview(s) and the findings of the data analysis will be kept for five years, after data collection has started, in a secured place, which will be password protected and only accessible to me. However, I might have to share with my thesis supervisor some of the data. The collected data will be used to write my EdD thesis and may partially be used for direct quotes. You and your organization will receive pseudonyms or codes and no geographical details will be revealed so that no one will be identifiable in my thesis.

Expenses and / or payments

There will be no compensation, whether in forms of gifts nor monetary reimbursement as you shouldn't incur any expenses by taking part in this study.

Are there any risks in taking part?

I don't expect any adverse effects in this research. However I will be recommending some changes to the existing training workshops for the mentors in the future. This strategy will assist RCSI Nursing faculty to prepare the mentor workshops with the teaching and learning skills needed for the mentors and will be structured according to the themes brought from the data analysis.

Furthermore, you will have the occasion to read the interview report before data analysis occurs so that you have the opportunity to ask for amendments, if necessary.

Are there any benefits in taking part?

There are no direct benefits to participate in this study. However, potential benefits can be expected from this study for you as a participant and your organization, as well as for the academic and professional society. Indeed, identifying the underlying mechanisms and causal powers that will help to bring improvement to the existing mentor workshops will enhance the mentor's level of teaching and learning skills.

What if I am unhappy or if there is a problem?

If you should be unhappy with the interview procedures, or if there is a problem, please feel free to let me know by contacting me at following email address: [**catherine.abou-zaid@online.liverpool.ac.uk**](mailto:catherine.abou-zaid@online.liverpool.ac.uk). Or my thesis supervisor at: morag.gray@online.liverpool.ac.uk and we will try to help as best as we can. If you remain unhappy or have a complaint which you feel you cannot come to us with, then you should contact Research Participant Advocate at liverpoolethics@ohecampus.com. Or telephone number USA number 001-612-312-1210

Will my participation be kept confidential?

Yes, your participation will be kept confidential. The data I collect will be used to complete my EdD thesis and for subsequent publications. I will not disclose to anyone that you have agreed to participate in this study. You will remain anonymous throughout my thesis and in any other publication. Recorded interviews and transcripts will be stored in my personal computer that remains password secured until the thesis will be successfully completed and up to five years. You and your organization will receive pseudonyms or codes and no geographical details will be disclosed that could be used to identify you or your organization.

My thesis supervisor from the University of Liverpool and myself will be the only persons that will have access to the collected data and your thesis, or parts of it, and all interview data will be destroyed five years after data collection.

What will happen to the results of the study?

The data from the focus group interviews will be used to produce recommendations for change to the current mentor workshop at present being delivered to the mentors. As already stated above, you will have the possibility to verify the content of the focus group interviews in a draft report before data analysis.

You and your organization will not be identifiable in the final result of the thesis. Data will be used to discover findings that will be contained in my thesis to fulfil the requirements of the EdD doctoral program. A copy of the thesis can be provided if requested.

What will happen if I want to stop taking part?

You can withdraw from the research at any time and without explanations or consequences. Results up to the period of withdrawal can be used, if you agree to it. If this shouldn't be the case, then you need to request that they are destroyed and that no further use can be made of them.

Who can I contact if I have further questions?

If you have any further questions you can contact me (the researcher at: catherine.abou-zaid@online.liverpool.ac.uk. or my supervisor who can be contacted at: morag.gray@online.liverpool.ac.uk. Thank you for your time and consideration.

Appendix 4 Participant Consent Form

Committee on Research Ethics

PARTICIPANT CONSENT FORM

Title of Research Project: Assessing the teaching and learning skills of the undergraduate nursing students in University Bahrain

Please initial box

Researcher(s): Catherine Abou-Zaid

1. I confirm that I have read and have understood the information sheet dated [DATE] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.

☐

3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish.

☐

4. I agree to take part in the above study.

☐

- I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications.

☐

- I understand and agree that my participation will be audio recorded and I am aware of and consent to your use of these recordings for the following purposes: data analysis/verbatim that will be transcribed giving rise to thematic analysis.

☐

- I agree for the data collected from me to be used in relevant future research.

☐

- I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.

☐

- I understand and agree that once I submit my data it will become anonymised and I will therefore no longer be able to withdraw my data.

☐

Participant Name

Date

Signature

Name of Person taking consent

Date

Signature

Researcher

Date

Signature

Principal Investigator:

Name Catherine Abou-Zaid

Work Address Royal College of Surgeons in Ireland-Bahrain

PO Box: 15503, Adliya, Bahrain

Work Telephone: 17351450

Work Email Catherine.abou-zaid@online.liverpool.ac.uk

Work Email:

Appendix 5: University of Liverpool Ethical Approval

Dear Catherine Abou Ziad		
I am pleased to inform you that the EdD. Virtual Programme Research Ethics Committee (VPREC) has approved your application for ethical approval for your study. Details and conditions of the approval can be found below.		
Sub-Committee:	EdD. Virtual Programme Research Ethics Committee (VPREC)	
Review type:	Expedited	
PI:		
School:	Lifelong Learning	
Title:	Assessing the teaching and learning skills of the clinical nurse mentors of the 4 th year undergraduate nursing students in critical care placements.	
First Reviewer:	Dr. Lucilla Crosta	
Second Reviewer:	Dr. Viola Manokore	
Other members of the Committee	Dr. Martin Gough, Dr. Kathleen Kelm, Dr. Marco Ferreira, Dr. Janet Hanson, Dr. Victoria O' Donnell. Observer: Dr. Morag Gray	
Date of Approval:	05/04/2017	

The application was APPROVED subject to the following conditions:			
Conditions			
1	Mandatory	M: All serious adverse events must be reported to the VPREC within 24 hours of their occurrence, via the EdD Thesis Primary Supervisor.	
<p>This approval applies for the duration of the research. If it is proposed to extend the duration of the study as specified in the application form, the Sub-Committee should be notified. If it is proposed to make an amendment to the research, you should notify the Sub-Committee by following the Notice of Amendment procedure outlined at http://www.liv.ac.uk/media/livacuk/researchethics/notice%20of%20amendment.doc.</p> <p>Where your research includes elements that are not conducted in the UK, approval to proceed is further conditional upon a thorough risk assessment of the site and local permission to carry out the research, including, where such a body exists, local research ethics committee approval. No documentation of local permission is required (a) if the researcher will simply be asking organizations to distribute research invitations on the researcher's behalf, or (b) if the researcher is using only public means to identify/contact participants. When medical, educational, or business records are analysed or used to identify potential research participants, the site needs to explicitly approve access to data for research purposes (even if the researcher normally has access to that data to perform his or her job).</p> <p>Please note that the approval to proceed depends also on research proposal approval.</p>			

Kind regards,

Lucilla Crosta, Chair, EdD. VPREC

Appendix 6: University in Bahrain Ethical Approval

University of Bahrain
Kingdom of Bahrain

9th March 2017

Re: **Evaluating the preparation of mentors for 4th Year Nursing Student Placement**

Dear Catherine Abouzaid

Thank you for re-submitting the above research proposal, which has now been passed, subsequent to your response to the points raised at the RCSI Research Ethics Committee on Wednesday 1st March 2017. We are pleased to approve your re-submission.

Please note that this approval is subject to the following conditions:

1. We expect that the project will begin within 6 months of the date of this approval.
2. Approval from the Research Ethics Committee does not automatically imply that the researcher is granted access to data, medical records or biological samples from MoH healthcare facilities. Researchers must seek permission and follow procedures as dictated by the concerned departments.
3. Any significant change, which occurs in connection with this study and/or which may alter its ethical consideration must be reported immediately to the Research Ethics Committee
4. This approval is valid for up to 1 year from the date of approval. If the study extends beyond this date, a progress report must be sent to the Research Ethics Committee to renew the approval.

The Research Ethics Committee must be informed when the research has been completed and a copy of the final research must be submitted for our records

Yours sincerely,

p.p. Dr. Fawzi Amin Chairperson

EDUCATIONAL EXCELLENCE IN MEDICINE NURSING & MIDWIFERY POSTGRADUATE STUDIES & RESEARCH

Appendix 7: University A Hospital Bahrain Ethical Approval

Ref. KHUH/Research/2017

14 June 2017

Catherine Abouzaid

Lecturer in Nursing

Acting Coordinator for the Simulation Lab

University - Bahrain

Kingdom of Bahrain

Dear Catherine Abouzaid,

Re: Evaluating the Preparation of Mentors for 4th Year Nursing Student Placement

We are pleased to inform you that your research proposal has been accepted by the Research and Ethics Committee University Hospital.

We would appreciate if you can inform the committee members on the date that you wish to start your project and kindly send us a preliminary report on your target sample and data.

Yours Sincerely

Dr. Jaffar M Albareeq

Director of Research and Ethics

University Hospital Kingdom of Bahrain

Appendix 8: University Hospital B Cardiac Centre Ethical Approval


Ethical Approval Committee

Doctorate in Education (EDD) Student

University of Liverpool

Kingdom of Bahrain

To Whom It May Concern

Catherine Mary Abou•Zaid a Doctorate Student of the University of Liverpool, has been  full permission by ethical approval to collect data from existing Clinical Nurse Mentors within the Mohamed Bin IQialifa Bin Salman Al Khalifa Cardiac Centre, as part of her thesis for the purpose of obtaining her Doctorate in Education Degree (EDD).

It has been noted that all the collected data will be subject to confidentiality and will be fully consented by the participants themselves. These consents will be taken as being part of the participant's agreement to taking part in the research study.

Full permission ipr the data collection to take place has been granted.

The Mohamed Bin Khalifa Bin Salman Al Khalifa Cardiac Centre is a teaching organization that encourage sresearch.

Regards,

Abdulla Eid AtEid

Administrator ' 

Mohammed Biw•KhaZifa Bin SuZman At.Khatifa Cardiac Centre

Appendix 9: Graduate Nurses One-to-one Interview Questions

1. What in your own opinion and from your experience does a clinical nurse mentor need to be able to supervise and teach undergraduate nursing students?
2. Did you gain any teaching skills from your mentor during your training and how would it help you in the future as a mentor?
3. Do you think that the mentorship role should be a formalized accredited course in alignment with international guidelines?
4. In your own opinion, do you think that the role of mentor needs to be updated every year?
5. Do you as a graduate nurse update yourself on teaching skills at any time?
6. Do you feel that your clinical nurse mentor was accountable for you in your clinical practice?

Appendix 10: Appreciative Inquiry Workshop Evaluation Form.

Appreciative Inquiry Workshop Evaluation

This form is intended to gather information about the appreciative Inquiry workshop from the participants. It will provide us with valuable information about the usefulness and benefits of the appreciative inquiry workshop. This, in turn will enable us to better adjust future mentors preparative training workshops to the participants their needs.

1. How would you rate the organization and structure of the workshop?

Comments:

2. How well did the workshop meet the pre-set teaching & learning objectives?

Comments:

3. How useful was the workshop in delivering teaching & learning skills?

Comments:

4. How effective were the activities regarding teaching and learning skills?

Comments:

5. What will you be able to take any teaching & learning skills learnt from this workshop back to your own organization?

Comments:

6. What else would you like to have seen covered at this workshop that would enable you to train and prepare 4th year nursing students for critical care areas?

7. What did you like best about this workshop?

8. Do you think that any other teaching & learning skills activity should be added?

9. Any other comments.

Appendix 11: Focus group/Number 1

1. What in your opinion were the positive and negative aspects of the mentorship workshop provided to you in order to mentor the nursing students?

Prompt: What were the positive aspects of the mentorship study day?

2. What is your own experience of mentorship?

Prompt: Have you practiced this role before and if so where and how where you trained?

3. What were the clinical teaching aspects of the mentorship study day?

Prompt: was the mentorship study day helpful to you in order to teach in clinical practice?

4. Do you think that you as a clinical nurse mentor need to have certification for this role and why?

Prompt: would you as clinical nurse mentor prefer the mentorship study day to be accredited with certification and why?

5. What could you as a clinical nurse mentor do to improve a student's learning experience?

Prompt: how could you as a clinical nurse mentor improve the way in which a nursing student learns in clinical practice areas?

6. Do you as a clinical nurse mentor feel that you as a teacher in clinical practice need to be updated and what would be beneficial to this role?

Prompt: What would be good for clinical nurse mentors as an update in teaching in clinical practice areas?

7. Do you do any readings yourself on teaching and learning skills?

Prompt: How do you as a trained staff nurse and a clinical nurse mentor update your knowledge?

8. How accountable do you feel to a nursing student regarding teaching and learning in clinical practice settings?

Prompt: Do you as a clinical nurse mentor feel that it is your responsibility for an undergraduate nursing students learning in clinical practice areas and why?